Alberta Ministry of Health and Wellness

Alberta Health Care Insurance Plan Statistical Supplement

2002/2003

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2001 IPAC
Gold Award

The Alberta Public Service received the Gold Award for Innovative Management from the Institute of Public Administration of Canada (IPAC) for its Corporate Human Resource Development Strategy. This innovative approach to meeting the human resource needs of the Alberta government is a long-term commitment to learning, leadership and the promotion of the Alberta public service as an attractive employer.

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INTRODUCTION

What is the Alberta Health Care Insurance Plan?

The Alberta Health Care Insurance Plan (AHCIP) was established by the Government of Alberta to provide Alberta residents with coverage for medically necessary hospital and physician services. The AHCIP provides coverage for all insured services required by federal legislation. Over time, the AHCIP has expanded its coverage to include additional services provided by other health care practitioners.

The AHCIP offers two categories of coverage:

- basic health services
- Alberta Blue Cross non-group coverage.

- basic health services coverage, available to all Albertans, includes full benefits for medically required services provided by physicians and dental/oral surgeons, and limited coverage for providers such as chiropractors, optometrists and podiatrists. There is a monthly premium for coverage.
- Alberta Blue Cross Non-Group Coverage, available to Albertans, provides supplemental health insurance plans for pharmaceuticals and other selected health services. These supplemental plans are funded by Alberta Health and Wellness and administered by Alberta Blue Cross. Premium-free coverage is offered to seniors and their dependants, to recipients of the Alberta Widows' Pension and their dependants, and to people who have been diagnosed as palliative and receive their treatments at home. A universal plan is available to Albertans under the age of 65 and their dependants, subject to the payment of a quarterly premium.

What is the *Statistical Supplement*?

The *Statistical Supplement* is published by Alberta Health and Wellness every year to provide statistics relating to the AHCIP, primarily the number of people registered and the fee-for-service payments made to Alberta physicians and allied practitioners (namely, dental/oral surgeons, chiropractors, optometrists and podiatrists). A few statistics on payments for out-of-country services provided by physicians and other health care practitioners are also included as well as, statistics on Alberta Blue Cross Group Coverage.

This year, for the first time, data on Alternative Payment Plan (APP) and Alternative Funding Plan (AFP) are included.

How is data reported in the *Statistical Supplement*?

The *Statistical Supplement* is reported on a date-of-service basis (i.e., services provided during the reporting period), with the exception of Section 4. This section (Alberta Blue Cross Non-Group Coverage) of the *Statistical Supplement* incorporates data covering the 2002/2003 fiscal year (April 1, 2002 to March 31, 2003) on a date-of-payment basis (i.e., services paid by the AHCIP during the reporting period). These tables include all payments made to subscribers on a daily basis, to pharmacy providers on a bi-weekly basis and to other providers on a weekly basis.

What information is not included in the *Statistical Supplement*?

AHCIP payments for medical and hospital services provided in other Canadian provinces are not included in the *Statistical Supplement*.

Other expenditures not included in the *Statistical Supplement* are: Regional Health Authorities (RHA) (e.g. hospital costs and home care), Alberta Cancer Board, and other program expenditures which are not directly paid by the AHCIP. Information on these costs can be obtained in the *Alberta Ministry of Health and Wellness Annual Report 2002/2003*.

Subject Headings

The five subject headings found in this publication are:

Section 1: Registration Data

Provides statistics on the number of people covered under the AHCIP for basic health services. These tables are broken down by premium status and subsidy levels, and by age and gender.

Section 2: Basic Health Services — Physicians and Allied Health Practitioners

Provides information on payments for basic health services to Alberta physicians and allied practitioners (dental and oral surgeons, chiropractors, optometrists and podiatrists). The statistics for physician services cover payments by specialty and type of service; by patient age and gender; changes in schedules of benefits (Alberta Health Care Insurance Plan payment rates); and Out-of-Country basic health services. Statistics related to the Out-of-Country Health Services Program are also included.

Section 3: Regional Data

Compiles statistics related to fee-for-service payments within each of Alberta's 17 health regions including distribution of registered population, number of physicians and average payments, and payments by International Classification of Diseases.

Section 4: Alberta Blue Cross Non-Group Coverage

Offers data on the number of people covered, premium status and payments for pharmaceuticals, ambulance services and other benefits.

Section 5: Alternate Payment Plan (APP) and Alternate Funding Plan (AFP)

Includes data on the number of plans and the number of physicians providing services.

Longer-Term Comparisons

The *Statistical Supplement* is a five-year statistical report to facilitate long-term comparisons when feasible. However, regional data are provided only for the current year. Because regional boundaries can change and these data are not adjusted, prior year data may not be fully comparable.

Your Input Is Appreciated

Feedback is invaluable in making future statistical supplements as easy to read and use as possible.

Send comments and suggestions to:

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SECTION 1: REGISTRATION

Summary

This section provides information on the number of persons covered by the Alberta Health Care Insurance Plan (AHCIP) for basic health services. The tables show registration data broken down by type of premium status and subsidy level, and by age and gender.

BASIC HEALTH COVERAGE

In 2002/2003, 3,124,487 Albertans were entitled to basic health services. This number increased 1.7 per cent from the previous year. The number of persons who received at least one service in Alberta during the year was 2,642,193 (84.6 per cent) of the total number of registered residents.

COVERAGE BY PREMIUM STATUS AND SUBSIDY LEVEL

There are four categories of premium status: individual and group, seniors, widows' pension, and social allowance recipients.

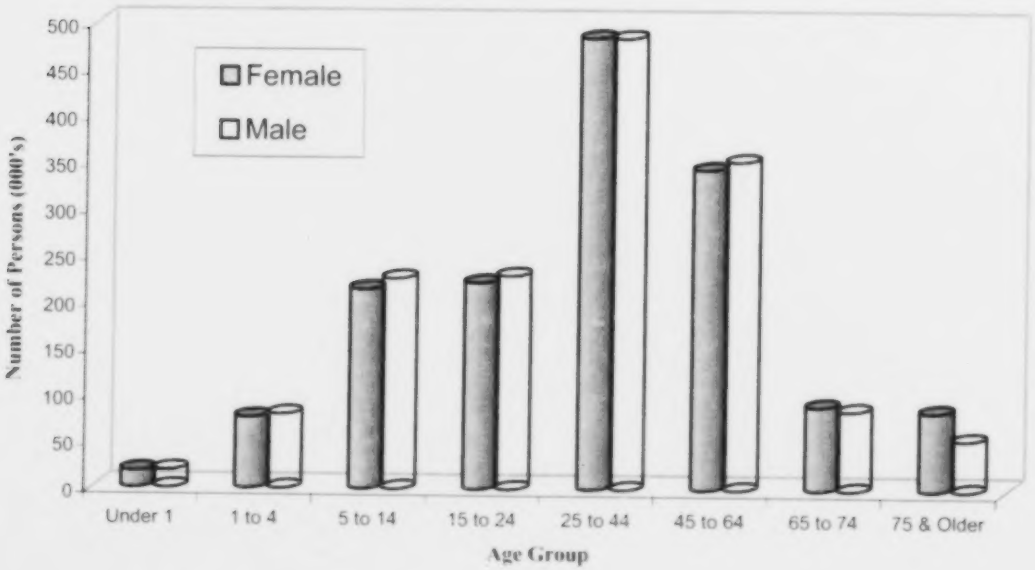
- The individual and group category is the largest with 2,688,693 recipients. This category is comprised of individuals who make premium payments directly to Alberta Health and Wellness, as well as employers (groups) who submit Alberta Health and Wellness premiums on behalf of their employees. 250,961 or 8.7 per cent of people in this category received subsidized premiums, a decrease of 20,250 or 8.1 per cent in comparison to 2001/2002. Full subsidies were received by 215,714 recipients, a decrease of 6.7 per cent and partial subsidies by 35,247, a decrease of 11.7 per cent.
- The number of persons covered in the Seniors category in 2002/2003 increased by 2.0 per cent from 347,497 in the 2001/2002 year to 354,589. In this category, more than half received partial or full subsidies; 19,052 received partial subsidies and 177,165 full subsidies.
- The number of persons with Alberta Widows' Pension coverage decreased by 6.3 per cent from 2,390 in the 2001/2002 year to 2,239. All of these individuals received premium-free coverage.
- The number of social allowance recipients receiving premium-free coverage increased by 4.5 per cent from 75,540 in the 2001/2002 year to 78,966.

Overall, 14.3 per cent of the total population covered by the AHCIP paid reduced premiums or were fully exempt from paying premiums.

COVERAGE BY AGE AND GENDER

Figure 1 shows the distribution of persons covered for basic health services by age and gender.

Figure 1
Distribution of Population Covered for Basic Benefits
By Age and Gender for the Service Year April 1, 2002 to March 31, 2003



Registration data for Alberta Blue Cross Non-Group Coverage can be found in section 4.

Opting Out

Every year, individuals choose to opt out of the AHCIP. In 2002/2003 this number increased to 329 compared to 316 in 2001/2002. These individuals are responsible for paying for their own health services. People who opt out must do so for a full benefit year, which is July 1 to June 30 yearly.

Explanatory Notes

Registration

Registration data are based upon actual registrations on the AHCIP files. These differ from Statistics Canada provincial population estimates. The differences are accounted for by the continual updating of AHCIP data, by persons being temporarily absent from the province for educational purposes, and by registrants who have left the province but retain coverage for a period of three months.

The coverage figures do not include members of the Armed Forces, R.C.M.P., or inmates in federal penitentiaries, who are covered by the federal government.

The number of registrations differs from the number of persons covered. There is usually one registration per family household. The number of persons covered under one registration can range from one (as in single coverage) to two or more (as in family coverage). Details regarding the number of registrations can be found in Tables 1.1 and 1.2.

Registration status is determined on the last day of the fiscal year. If someone was registered with the AHCIP for part of the year, but not on March 31, they are not included.

Widows' Pension Program

The Alberta Widows' Pension Program was introduced on May 1, 1983, to assist widows and widowers of limited income ages 55 through 64, by providing financial, housing and health care benefits similar to those received by Alberta senior citizens. Under the health care benefits portion of the program, eligible persons and their dependants receive basic health services, dental and eye glasses and Alberta Blue Cross Non-Group Coverage at no cost.

Seniors' Premium Rates

Seniors are required to pay health care insurance premiums unless they are entitled to a partial or full reduction under the income-tested Alberta Seniors Benefit Program.

Premium Assistance Program

Alberta Health and Wellness has two programs to assist lower income Albertans: Premium Subsidy Program and Waiver of Premiums Program.

Eligibility for the *Premium Subsidy Program* is based on taxable income and family category. Family category is based on who is covered on the Alberta Health and Wellness account. If the category is *Single*, the registrant's taxable income is required. If the category is *Family — no children*, or *Family — with children*, both the registrant and spouse, or adult interdependent partner (if applicable) must provide their taxable income. Refer to the table below for the current premium subsidy thresholds.

Family Category	Full Subsidy	Full Premiums
Single	under $12,450	over $15,970
Family — no children	under $21,200	over $28,240
Family with children	under $27,210	over $34,250

Full premium rates are $1056 per year for family coverage (two or more people) and $528 per year for single coverage.

The Waiver of Premiums Program is designed to assist Albertans experiencing current financial difficulties. Eligibility is based on the average gross monthly income for the three calendar months prior to the date the application is made. Refer to the table below for the qualifying income levels for waiver of premiums.

Family Category	Income Level
Single	$1,020
Family — no children	$1,860
Family with children	$2,260

If eligible, premiums are waived for a six-month period. On average, approximately 10,400 people (6200 accounts) per month receive a waiver of premiums.

Table 1.1
Number of Registrations and Population Covered
For the Service Years Ended March 31, 1999 to March 31, 2003[1]

Population Categories	Number of Registrations					Percentage Change			
	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003	2000/1999	2001/2000	2002/2001	2003/2002
Total	1,374,236	1,404,142	1,441,060	1,484,218	1,520,004	2.18%	2.63%	2.99%	2.41%
Individual and Group	1,101,703	1,126,192	1,158,095	1,195,302	1,223,618	2.22	2.83	3.21	2.37
Seniors	220,785	226,068	232,089	237,772	242,564	2.39	2.66	2.45	2.02
Widows' Pension	2,507	2,358	2,285	2,158	2,035	(5.94)	(3.10)	(5.56)	(5.70)
Social Allowance Recipients	49,241	49,524	48,591	48,986	51,787	0.57	(1.88)	0.81	5.72

Population Categories	Population Covered					Percentage Change			
	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003	2000/1999	2001/2000	2002/2001	2003/2002
Total	2,912,925	2,957,045	3,007,582	3,072,384	3,124,487	1.51%	1.71%	2.15%	1.70%
Individual and Group	2,503,992	2,542,665	2,589,156	2,646,957	2,688,693	1.54	1.83	2.23	1.58
Seniors	322,384	330,051	339,065	347,497	354,589	2.38	2.73	2.49	2.04
Widows' Pension	2,714	2,543	2,480	2,390	2,239	(6.30)	(2.48)	(3.63)	(6.32)
Social Allowance Recipients	83,835	81,786	76,881	75,540	78,966	(2.44)	(6.00)	(1.74)	4.54

(1) The population figures are as of March 31, calculated in July.

Table 1.2
Number of Registrations and Population Covered by Method of Premium Collection and Subsidy Level
As of March 31, 2003[1]

Registration Status	Total		Single		Family	
	Registrations	Population	Registrations	Population	Registrations	Population
Total	1,520,004	3,124,487	731,571	731,571	788,433	2,392,916
Subtotals by Groups						
Individual and Group	1,223,618	2,688,693	557,281	557,281	666,337	2,131,412
Seniors	242,564	354,589	134,334	134,334	108,230	220,255
Widows' Pension	2,035	2,239	1,892	1,892	143	347
Social Allowance Recipients	51,787	78,966	38,064	38,064	13,723	40,902
Individual and Group						
Non-subsidized	1,099,917	2,437,732	491,267	491,267	608,650	1,946,465
Subsidized						
0.0% to 25.0% Reduced	3,617	6,783	2,243	2,243	1,374	4,540
25.1% to 50.0% Reduced	4,708	8,889	2,889	2,889	1,819	6,000
50.1% to 75.0% Reduced	5,435	10,377	3,246	3,246	2,189	7,131
75.1% to 99.9% Reduced	4,558	9,198	2,462	2,462	2,096	6,736
Full Reduction	105,383	215,714	55,174	55,174	50,209	160,540
Subtotal: Non-Subsidized and Subsidized	1,223,618	2,688,693	557,281	557,281	666,337	2,131,412
Seniors						
Non-Subsidized	99,575	158,372	42,733	42,733	56,842	115,639
Partial Reduction	11,796	19,052	4,710	4,710	7,086	14,342
Full Reduction	131,193	177,165	86,891	86,891	44,302	90,274
Subtotal: Seniors	242,564	354,589	134,334	134,334	108,230	220,255

(1) The population figures are as of March 31, calculated in July

Table 1.3
Distribution of Population by Age and Gender
For the Service Years Ended March 31, 1999 to March 31, 2003[1]

Gender / Age Group	Total					Percentage Change			
	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003	2000/1999	2001/2000	2002/2001	2003/2002
Total	2,912,925	2,957,045	3,007,582	3,072,384	3,124,487	1.51	1.71	2.15	1.70
Under 1	38,751	38,163	37,048	37,371	38,810	(1.52)	(2.92)	0.87	3.85
1 - 4	159,206	157,371	156,144	156,315	156,101	(1.15)	(0.78)	0.11	(0.14)
5 - 9	218,338	215,683	213,867	212,496	210,261	(1.22)	(0.84)	(0.64)	(1.05)
10 - 14	222,257	225,154	226,961	229,304	230,458	1.30	0.80	1.03	0.50
15 - 19	215,185	220,433	226,075	231,005	232,542	2.44	2.56	2.18	0.67
20 - 24	204,789	208,314	213,618	221,083	227,934	1.72	2.55	3.49	3.10
25 - 29	212,080	212,610	213,669	219,043	223,438	0.25	0.50	2.52	2.01
30 - 34	225,278	221,043	223,017	226,843	229,209	(1.88)	0.89	1.72	1.04
35 - 39	266,265	264,140	257,866	252,445	245,416	(0.80)	(2.38)	(2.10)	(2.78)
40 - 44	257,247	263,324	268,639	273,266	275,925	2.36	2.02	1.72	0.97
45 - 49	209,670	220,644	233,060	245,421	255,436	5.23	5.63	5.30	4.08
50 - 54	168,052	178,695	189,084	195,263	201,872	6.33	5.81	3.27	3.38
55 - 59	123,483	129,431	135,268	146,978	158,544	4.82	4.51	8.66	7.87
60 - 64	100,629	102,836	105,722	110,136	115,230	2.19	2.81	4.18	4.63
65 - 69	91,334	92,178	93,029	93,638	94,903	0.92	0.92	0.65	1.35
70 - 74	75,412	77,676	80,076	82,248	83,662	3.00	3.09	2.71	1.72
75 - 79	58,437	59,780	61,320	62,317	64,072	2.30	2.58	1.63	2.82
80 - 84	36,386	37,812	39,930	42,551	44,811	3.92	5.60	6.56	5.31
85 and Older	30,126	31,758	33,189	34,661	35,863	5.42	4.51	4.44	3.47

Continued

(1) The population figures are as of March 31, calculated in July.

Table 1.3
Distribution of Population by Age and Gender
For the Service Years Ended March 31, 1999 to March 31, 2003[1]

Gender / Age Group	Male					Percentage Change			
	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003	2000/1999	2001/2000	2002/2001	2003/2002
Total	1,454,718	1,476,415	1,502,264	1,534,786	1,561,027	1.49	1.75	2.16	1.71
Under 1	19,912	19,325	18,912	19,043	19,799	(2.95)	(2.14)	0.69	3.97
1 - 4	81,739	80,759	80,004	79,775	79,746	(1.20)	(0.93)	(0.29)	(0.04)
5 - 9	111,872	110,538	109,575	109,200	108,144	(1.19)	(0.87)	(0.34)	(0.97)
10 - 14	113,864	115,362	116,292	117,490	117,933	1.32	0.81	1.03	0.38
15 - 19	110,125	112,763	115,691	118,287	119,167	2.40	2.60	2.24	0.74
20 - 24	103,017	105,039	108,022	111,610	114,873	1.96	2.84	3.32	2.92
25 - 29	106,393	106,637	107,222	109,885	112,174	0.23	0.55	2.48	2.08
30 - 34	111,759	109,819	111,129	113,562	114,957	(1.74)	1.19	2.19	1.23
35 - 39	132,250	130,697	127,829	125,135	121,982	(1.17)	(2.19)	(2.11)	(2.52)
40 - 44	130,320	132,996	135,277	137,112	137,807	2.05	1.72	1.36	0.51
45 - 49	106,738	112,442	118,571	124,801	129,738	5.34	5.45	5.25	3.96
50 - 54	84,978	90,474	95,881	99,165	102,723	6.47	5.98	3.43	3.59
55 - 59	62,393	65,489	68,394	74,237	80,121	4.96	4.44	8.54	7.93
60 - 64	50,176	51,327	52,793	55,034	57,702	2.29	2.86	4.24	4.85
65 - 69	45,263	45,696	46,028	46,257	46,704	0.96	0.73	0.50	0.97
70 - 74	35,280	36,743	38,120	39,356	40,145	4.15	3.75	3.24	2.00
75 - 79	24,752	25,483	26,375	27,161	28,313	2.95	3.50	2.98	4.24
80 - 84	13,994	14,508	15,377	16,519	17,461	3.67	5.99	7.43	5.70
85 and Older	9,893	10,318	10,772	11,157	11,538	4.30	4.40	3.57	3.41

Continued

(1) The population figures are as of March 31, calculated in July.

Table 1.3
Distribution of Population by Age and Gender
For the Service Years Ended March 31, 1999 to March 31, 2003[1]

Gender / Age Group	Female					Percentage Change			
	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003	2000/1999	2001/2000	2002/2001	2003/2002
Total	1,458,207	1,480,630	1,505,318	1,537,598	1,563,460	1.54	1.67	2.14	1.68
Under 1	18,839	18,838	18,136	18,328	19,011	(0.01)	(3.73)	1.06	3.73
1 - 4	77,467	76,612	76,140	76,540	76,355	(1.10)	(0.62)	0.53	(0.24)
5 - 9	106,466	105,145	104,292	103,296	102,117	(1.24)	(0.81)	(0.96)	(1.14)
10 - 14	108,393	109,792	110,669	111,814	112,525	1.29	0.80	1.03	0.64
15 - 19	105,060	107,670	110,384	112,718	113,375	2.48	2.52	2.11	0.58
20 - 24	101,772	103,275	105,596	109,473	113,061	1.48	2.25	3.67	3.28
25 - 29	105,687	105,973	106,447	109,158	111,264	0.27	0.45	2.55	1.93
30 - 34	113,519	111,224	111,888	113,281	114,252	(2.02)	0.60	1.24	0.86
35 - 39	134,015	133,443	130,037	127,310	123,434	(0.43)	(2.55)	(2.10)	(3.04)
40 - 44	126,927	130,328	133,362	136,154	138,118	2.68	2.33	2.09	1.44
45 - 49	102,932	108,202	114,489	120,620	125,698	5.12	5.81	5.36	4.21
50 - 54	83,074	88,221	93,203	96,098	99,149	6.20	5.65	3.11	3.17
55 - 59	61,090	63,942	66,874	72,741	78,423	4.67	4.59	8.77	7.81
60 - 64	50,453	51,509	52,929	55,102	57,528	2.09	2.76	4.11	4.40
65 - 69	46,071	46,482	47,001	47,381	48,199	0.89	1.12	0.81	1.73
70 - 74	40,132	40,933	41,956	42,892	43,517	2.00	2.50	2.23	1.46
75 - 79	33,685	34,297	34,945	35,156	35,759	1.82	1.89	0.60	1.72
80 - 84	22,392	23,304	24,553	26,032	27,350	4.07	5.36	6.02	5.06
85 and Older	20,233	21,440	22,417	23,504	24,325	5.97	4.56	4.85	3.49

(1) The population figures are as of March 31, calculated in July.

Section 2: Basic Health Services — Physicians and Allied Health Practitioners

Summary

Basic health services include all medically required services performed by physicians and dental/oral surgeons, which are paid on a fee-for-service basis. Certain podiatry, optometry and chiropractic services are fully or partially covered by the AHCIP. Fee-for-service items and rates payable by the AHCIP are published in individual schedules of benefits.

Figures are given for payments by practitioner specialty and type of service, patient age and gender, and for changes in schedules of benefits (Alberta Health Care Insurance Plan services and benefit rates).

Most tables in this publication include only in-province expenditures. However, for services provided outside Canada tables 2.16 – 2.18 provide selected statistics.

Only practitioner data are provided. Hospital and non-hospital surgical facility costs associated with these services, with the exception of out-of-country hospital services, are not included in the Statistical Supplement.

Date of Service Data

Data in this publication are reported on a date-of-service rather than date-of-payment basis. Practitioners have 180 days from the date of service to submit claims to AHCIP for payment. Most claims are paid within 30 days of the actual date of service.

Total Basic Health Services — Payments (Including Fee-for-Service Pathology)

AHCIP issued $1.23 billion in fee-for-service payments to Alberta physicians for basic health services in 2002/2003 compared to $1.06 billion the previous year. This represents a 15.5 per cent increase.

Allied health payments (to dental/oral surgeons, chiropractors, optometrists and podiatrists) decreased 0.28 per cent over in 2001/2002 from $61.9 million to $61.7 million.

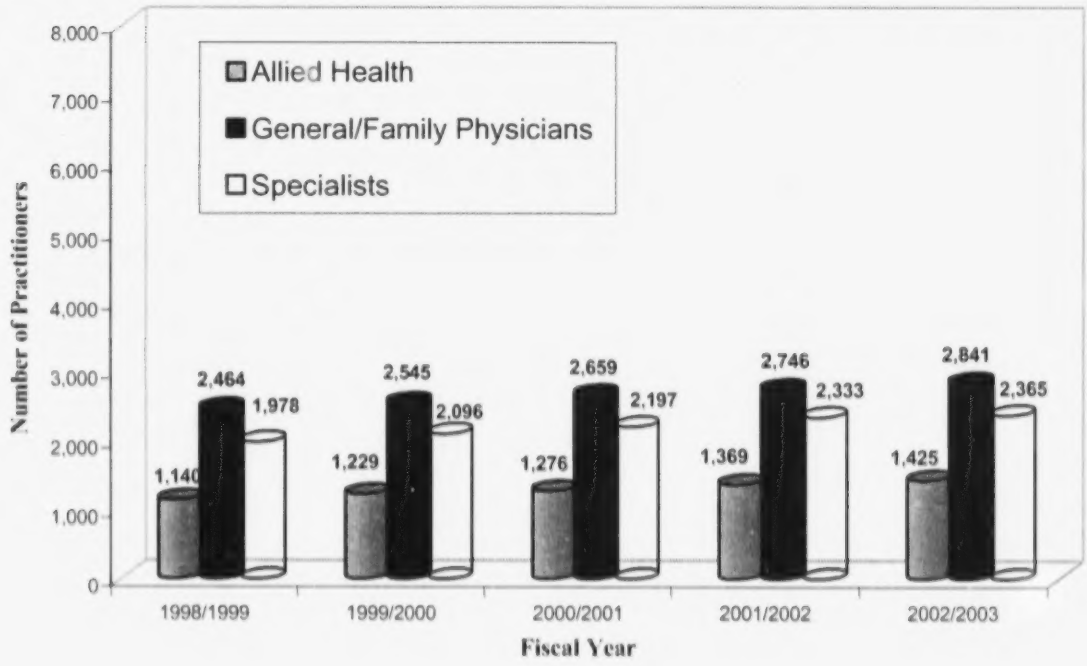
Practitioner	Overall Payments ($)	Percentage Change Compared to 2001/2002
Physicians	1,225,626,637	15.50
Dental/Oral Surgeons	2,394,458	10.45
Chiropractors	36,911,951	(4.21)
Optometrists	15,542,303	6.08
Podiatrists	6,865,822	5.12
Total	**1,287,341,171**	**14.63**

Number of Practitioners Who Billed AHCIP (including Pathology)

The number of Alberta practitioners who received payments during 2002/2003 increased by 2.84 per cent over last year. Figure 2 provides a comparison of the number of Alberta practitioners who received payments for basic health services over the past five years.

Practitioner	Number	Percentage Change Compared to 2001/2002
Physicians	5,206	2.50
Dental/Oral Surgeons	234	(6.40)
Chiropractors	801	7.52
Optometrists	340	4.29
Podiatrists	51	4.17
Total	**6,631**	**2.84**

Figure 2
Number of Alberta Practitioners (including Pathology) Who Received Payment For Basic Health Services for the Service Years Ended March 31, 1999 to 2003



Average Payments by Practitioner Type (including Pathology)

A total of 5,206 Alberta physicians billed the AHCIP in 2002/2003. The average payment per physician was $235,426 (a 12.68 per cent increase over last year) and the median payment was $198,493 (a 12.92 per cent increase). Two hundred twenty (220) physicians, an increase of 10 compared to last year, received under $10,000 in payments and 61, an increase of 12, received over $1 million in payments.

Practitioner	Number	Percentage Change Compared to 2001/2002
Physicianss	235,426	12.68
Dental/Oral Surgeons	10,233	18.00
Chiropractors	46,082	(10.91)
Optometrists	45,713	1.71
Podiatrists	137,316	0.92
Total	**194,140**	**11.46**

Payments to General and Family Physicians

Alberta Health and Wellness paid 2,841 general and family physicians for basic health services, 3.46 per cent more than the previous year. The average payment was $191,354 (a 10.84 per cent increase over last year). The annual median payment was $181,436. Fourteen general/family physicians received over $500,000 in payments. This was a reduction of 5 compared to last year.

Payments to Specialists (excluding Pathology)

A total of 2,346 specialists (all physicians except general/family physicians and pathologists) received payments in 2002/2003, a 1.51 per cent increase over the previous year. The average payment was $288,969 and the median payment was $235,256.

Highest Average Payments (excluding Laboratory Specialists)

Three hundred twenty-three (323) specialists received over $500,000 in payments, which represents 13.8 per cent of specialists. The percentage change for the average and median payments is 14.31 per cent and 16.38 per cent respectively.

Specialty	Average Payment
Ophthalmology	$546,680
Cardiovascular and Thoracic Surgery	$533,865
Otolaryngology	$498,151
Dermatology	$480,242
Cardiology	$465,895

Medical Assessments

Assessments (office visits) and consultations accounted for 46.9 per cent of fee-for-service payments to all Alberta physicians in 2002/2003. Assessment services accounted for 70.0 per cent of payments to all general/family physicians.

Total Payment (excluding Pathology)

AHCIP issued $1.28 billion in fee-for-service payments to Alberta practitioners for basic health services in 2002/2003 compared to $1.12 billion the previous year.

Total payments, excluding pathology, for physician services increased by 15.43 per cent from $1.06 billion in 2001/2002 to $1.22 billion in 2002/2003.

Practitioner	Number	Percentage Change Compared to 2001/2002
Physicians*	1,221,557,525	15.43
Dental/Oral Surgeons	2,394,458	10.45
Chiropractors	36,911,951	(4.21)
Optometrists	15,542,303	6.08
Podiatrists	6,865,822	5.12
Total	**1,283,272,059**	**14.56**

*excludes pathology

Pathology

The preceding figures do not include pathology services, which were transferred to the regional health authorities on July 1, 1995[1].

$4.1 million in payments were made by AHCIP for pathology in 2002/2003[1]. Total physician payments for 2002/2003 (including pathology) were $1,225,626,637. The total expenditure for basic health services (including pathology) was $1,287,341,171.

Physician Services to Patients

Of the 3,124,487 million people entitled to basic health services in 2002/2003, 84.6 per cent or 2,642,193 million people received at least one medical service in Alberta during the year. Almost 75.9 per cent of these patients received $500 or less in physician services. Only 10.9 per cent of patients received more than $1,000 in physician services. Payments for these patients accounted for 51.5 per cent of all physician expenditures.

Average Patient Payments by Age and Gender

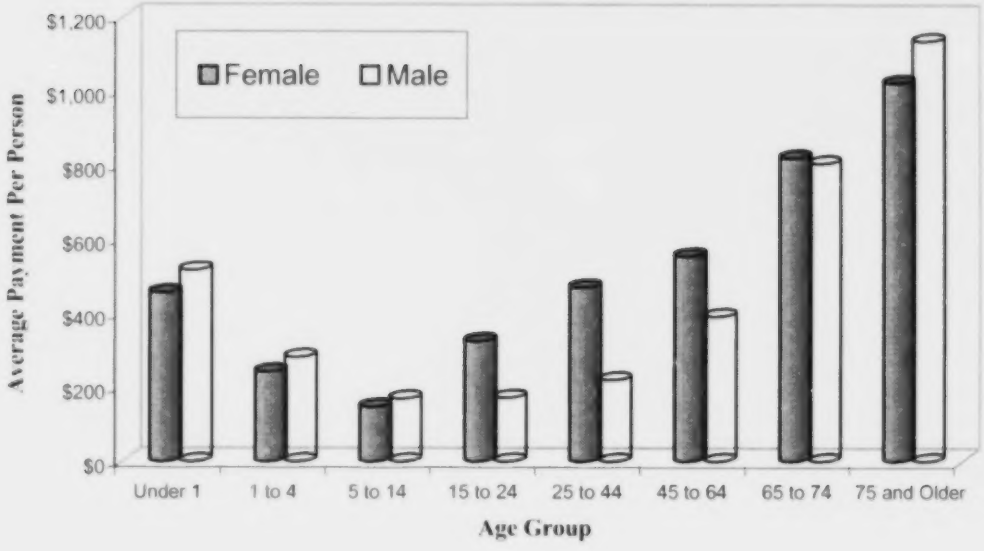
Figures 3 and 4 provide a summary of the annual average payments to practitioners for all basic health services per person covered by age and gender.

[1] See explanatory notes on page 22 for more details

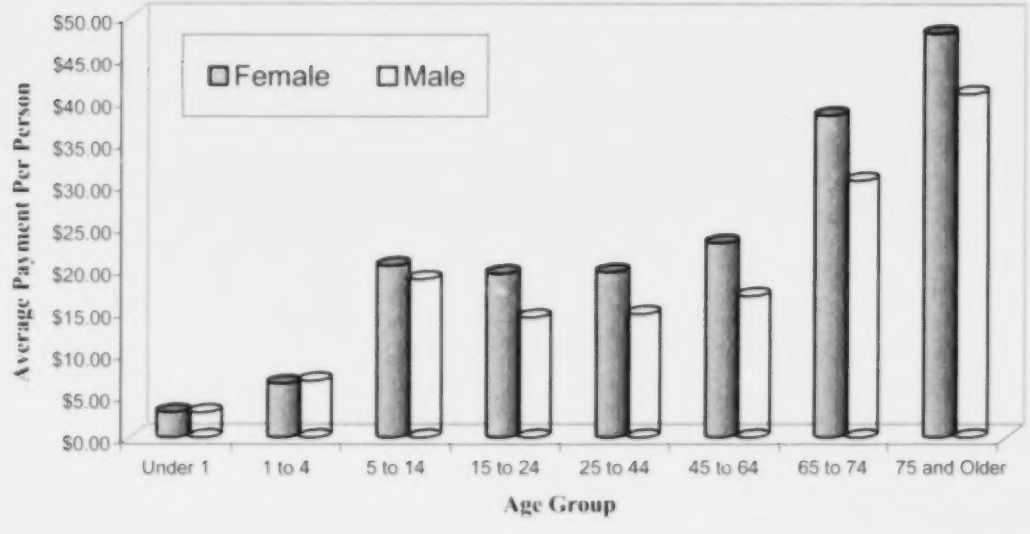
Figures 3 and 4
Distribution of Average Payment Per Person for Basic Health Services
By Age and Gender for the Fiscal Year April 1, 2002 to March 31, 2003

Average Costs Per Patient

All Physicians



Allied Health



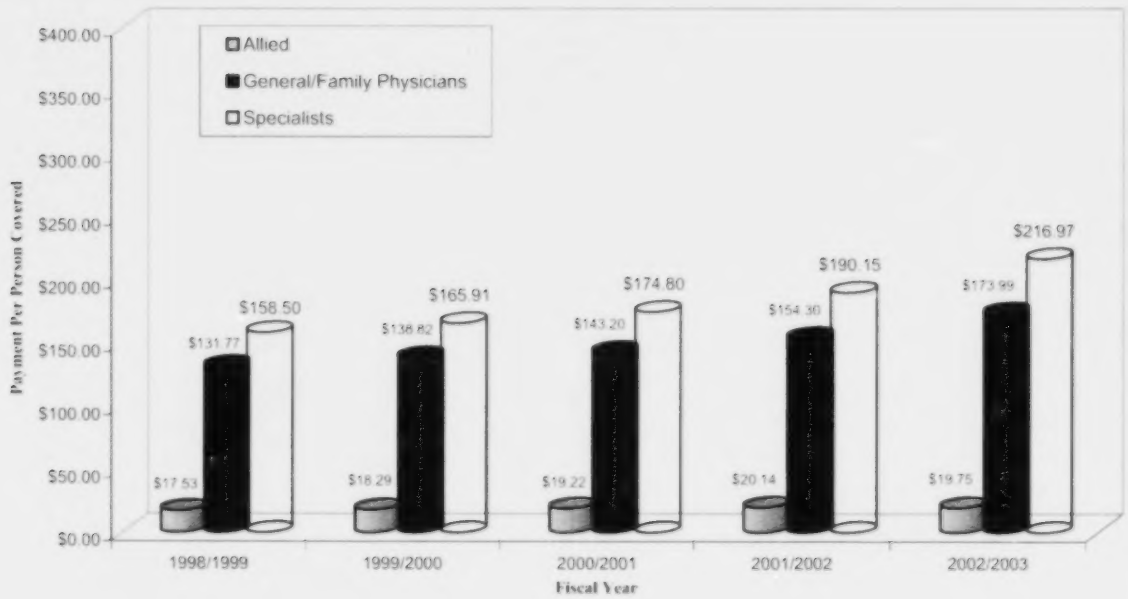
Average Patient Costs by Practitioner Type

The average cost per patient for basic health services has increased by $53.75 from last year. The cost was $471.21 in 2002/2003 as compared to $417.46 in 2001/2002.

Figure 5 provides a comparison of the average payment per person eligible to receive basic health services over the past five years. All years have been adjusted to exclude pathology services and payments. These numbers differ from average patient costs because per person payments only include those individuals who actually received a service.

Practitioner	Number	Percentage Change Compared to 2001/2002
Physicians	463.87	13.74
Dental/Oral Surgeons	192.42	0.09
Chiropractors	87.34	0.24
Optometrists	47.09	1.61
Podiatrists	73.94	1.46
Total	**471.21**	**12.87**

Figure 5:
Average Payment Per Person Covered for Basic Health Services (Excluding Pathology)
For the Fiscal Years Ended March 31, 1999 to 2003



Physician Services and Physician Ratios

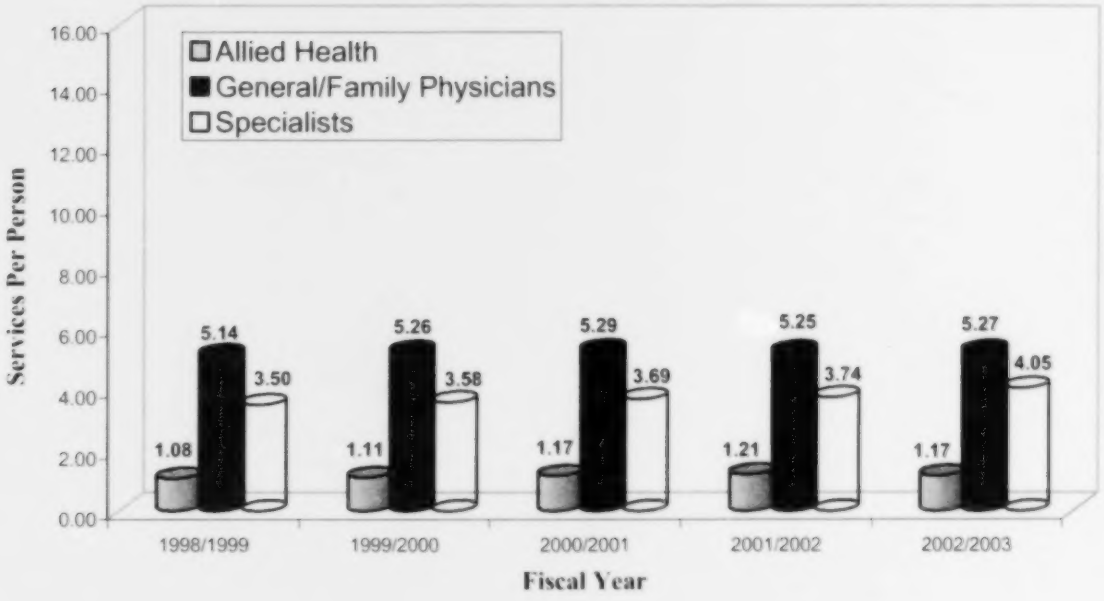
The number of physician services per 1,000 persons covered by the AHCIP (excluding pathology) increased by 3.54 per cent this year to 9,312 from 8,994 last year.

The number of physicians per 1,000 patients (excluding pathology) increased to 1.66, a 0.86 per cent increase from 2001/2002.

Practitioner Services and Practitioner Ratios

Figure 6 provides a comparison of the average number of services per person covered for basic health services over the past five years. All years have been adjusted to exclude pathologists[1].

Figure 6:
Average Number of Services Per Person for Basic Health Services (Excluding Pathology)
For the Fiscal Years Ended March 31, 1999 to 2003



[1] See explanatory notes on page 22 for more details

Explanatory Notes

Definition of Practitioner

The term "practitioner" refers to all physicians and allied health practitioners: dental and oral surgeons, chiropractors, optometrists and podiatrists. The phrase "oral surgery" includes oral surgery services performed by both dentists and oral surgeons.

Discrete Patients

Unless otherwise noted, data are based on the number of discrete patients. This is the number of patients receiving AHCIP benefits in a given year being counted once. Individuals who had health care coverage but did not receive any services in the current year are not included in the discrete patient count, but are included in the registration data.

Annual Medical Services Budget

An annual budget which is comprised of fee-for-service, benefit and Alternate Payment Plan/ Alternate Funding Plan payments of $1.23 billion for physician services paid through the AHCIP was established through a negotiated agreement between the Minister of Health and Wellness and the Alberta Medical Association in June 1998.

Determining Payment Rates to Practitioners

The Alberta Medical Association and the Alberta Association of Optometrists have agreements and negotiate with Alberta Health and Wellness to determine payment rates. Payment rates for all other practitioner services covered under AHCIP are set by Alberta Health and Wellness after consultation with the respective professional association.

Extra Billing

Physicians, dental/oral surgeons, and optometrists are not allowed to bill patients an additional amount for services listed as insured basic health services under the AHCIP.

Payments Do Not Reflect Income

Payments to practitioners represent gross fee-for-service payments made by the AHCIP. These statistics cannot be used as an accurate measure of a practitioner's personal income because:

- some practitioners receive income from other sources (e.g. Workers' Compensation Board, balance billing, third party medicals and for other services not covered by AHCIP);
- Alternate Payment Plan/Alternate Funding Plan income is not included (for further information turn to section 5);
- both full-time and part-time practitioners are included in the statistics;
- salaried positions and contractual arrangements with regional health authorities or private employers are not included;
- payments for services rendered to non-Albertans are not included;
- the figures quoted are gross payments from which practitioners pay business expenses such as office expenses.

Each practitioner must submit claims for the services he or she provides. Under special circumstances, physicians can claim and are paid for supervising medical residents and nurses and for diagnostic services provided by technicians.

Physician Data Source

Physician data in this section are taken from a list of Alberta physicians who had billings of one dollar or more in the 2002/2003 fiscal year. For the purpose of the *Statistical Supplement* a physician's specialty is determined by the specialty in which he or she has the highest earnings.

Payments include only fee-for-service payments to practitioners for services, which were provided to Alberta residents. Unless otherwise specified, the data are for in-province payments only (i.e. payments made to Alberta physicians providing services to Alberta residents).

Physician services provided to Albertans in other provinces/territories are paid for under the medical reciprocal program. These payments are not included in the *Statistical Supplement*.

Pathology Services

Pathology is listed as a separate category where feasible to reflect the fact most laboratory services are no longer covered under AHCIP. Virtually all pathology services were transferred to the regional health authorities as of July 1, 1995.

A few select pathology health services, such as minor consultations, electrocardiograms (technical) and skin tests, are still remunerated by the AHCIP. These figures are listed separately whenever possible to assist readers in making year-over-year comparisons.

Chiropractic, Optometry and Podiatry

The maximum benefit for a **chiropractic** visit is $12.66, and for an x-ray is $20.95. The maximum annual patient limit for chiropractic services is $200.

Children — 18 and under, and residents — 65 and older, are entitled to one complete and one partial exam and one diagnostic test each year plus additional services when specific medical conditions exist, or if referred to an **optometrist** by a physician.

Optometry services for Albertans aged 19 to 64 are not covered by the AHCIP.

Podiatry benefits are subject to set rates per service and a $250 annual maximum per patient.

Out-of-Country Health Coverage

Out-of-country practitioner and hospital services received by Albertans are paid at rates that have been established by the Alberta Legislature.

Under certain circumstances, the Out-of-Country Health Services Committee considers funding, in addition to the benefits paid by the AHCIP, for insured physician, dental/oral surgeon and insured hospital services not available in Canada. The program has specific criteria that must be met for funding to be considered.

Many foreign medical services cost more than the amount paid by Alberta Health and Wellness and any additional cost is the responsibility of the patient. Alberta Health and Wellness strongly encourages Albertans travelling outside Canada to purchase supplementary health insurance

Table 2.1
Medical and Allied Practitioners: Selected Indicators
For the Service Years Ended March 31, 1999 to March 31, 2003

Indicators	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003
REGISTRATIONS					
Population Covered	2,912,925	2,957,045	3,007,582	3,072,384	3,124,487
Number of Discrete Physician Patients [1]	2,482,248	2,536,934	2,572,066	2,601,914	2,642,193
Number of Discrete Patients Per Physician [2]	559	547	530	512	508
OVERALL PHYSICIAN SUMMARY					
Number of Physician Services Provided	25,367,415	26,341,975	27,233,744	27,842,671	29,328,923
Number of Physicians	4,442	4,641	4,856	5,079	5,206
Number of Physicians Per 1,000 Persons	1.52	1.57	1.61	1.65	1.67
Number of Services Per Physician	5,711	5,676	5,608	5,482	5,634
Number of Services Per 1,000 Persons	8,709	8,908	9,055	9,062	9,387
Total Physician Payments	$848,113,097	$903,542,952	$959,073,855	$1,061,169,693	$1,225,626,637
Physician Payment Per 1,000 Persons	$291,155	$305,556	$318,885	$345,390	$392,265
Average Payment Per Physician	$190,930	$194,687	$197,503	$208,933	$235,426
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY					
Number of Physician Services Provided	25,157,240	26,143,637	27,008,559	27,633,998	29,096,188
Number of Physicians	4,423	4,622	4,835	5,057	5,187
Number of Physicians Per 1,000 Persons	1.52	1.56	1.61	1.65	1.66
Number of Services Per Physician	5,688	5,656	5,586	5,465	5,609
Number of Services Per 1,000 Persons	8,636	8,841	8,980	8,994	9,312
Total Physician Payments	$845,546,875	$901,117,280	$956,420,889	$1,058,282,619	$1,221,557,525
Physician Payment Per 1,000 Persons	$290,274	$304,736	$318,003	$344,450	$390,963
Average Payment Per Physician	$191,170	$194,963	$197,812	$209,271	$235,504
ALLIED PRACTITIONER SUMMARY					
Number of Allied Services Provided	3,136,262	3,290,992	3,518,304	3,731,537	3,640,251
Number of Allied Practitioners	1,140	1,229	1,276	1,369	1,425
Number of Allied Practitioners Per 1,000 Persons	0.39	0.42	0.42	0.45	0.46
Number of Services Per Allied Practitioner	2,751	2,678	2,757	2,726	2,555
Number of Discrete Allied Patients [3]	670,261	703,909	745,461	787,743	787,371
Number of Discrete Patients Per Allied Practitioner	588	573	584	575	553
Total Payments to Allied Practitioners	$51,059,632	$54,084,016	$57,804,028	$61,885,776	$61,714,534
Allied Practitioner Payment Per 1,000 Persons	$17,529	$18,290	$19,219	$20,143	$19,752
Average Payment Per Allied Practitioner	$44,789	$44,007	$45,301	$45,205	$43,308

Continued...

(1) "Number of Discrete Physician Patients" contains the actual count of patients receiving at least one service.

(2) "Number of Discrete Patients Per Physician" in this instance refers to all Physicians, including Pathology.

(3) "Number of Discrete Allied Patients" represents a discrete count within all Allied Practitioners.

Table 2.1
Medical and Allied Practitioners: Selected Indicators
For the Service Years Ended March 31, 1999 to March 31, 2003

Indicators	Percentage Change			
	2000/1999	2001/2000	2002/2001	2003/2002
REGISTRATIONS				
Population Covered	1.51	1.71	2.15	1.70
Number of Discrete Physician Patients [1]	2.20	1.38	1.16	1.55
Number of Discrete Patients Per Physician [2]	(2.15)	(3.11)	(3.40)	(0.78)
OVERALL PHYSICIAN SUMMARY				
Number of Physician Services Provided	3.84	3.39	2.24	5.34
Number of Physicians	4.48	4.63	4.59	2.50
Number of Physicians Per 1,000 Persons	3.29	2.55	2.48	1.21
Number of Services Per Physician	(0.61)	(1.19)	(2.25)	2.77
Number of Services Per 1,000 Persons	2.29	1.65	0.08	3.58
Total Physician Payments	6.54	6.15	10.65	15.50
Physician Payment Per 1,000 Persons	4.95	4.36	8.31	13.57
Average Payment Per Physician	1.97	1.45	5.79	12.68
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY				
Number of Physician Services Provided	3.92	3.31	2.32	5.29
Number of Physicians	4.50	4.61	4.59	2.57
Number of Physicians Per 1,000 Persons	2.63	3.21	2.48	0.61
Number of Services Per Physician	(0.55)	(1.24)	(2.18)	2.65
Number of Services Per 1,000 Persons	2.37	1.57	0.16	3.54
Total Physician Payments	6.57	6.14	10.65	15.43
Physician Payment Per 1,000 Persons	4.98	4.35	8.32	13.50
Average Payment Per Physician	1.98	1.46	5.79	12.54
ALLIED PRACTITIONER SUMMARY				
Number of Allied Services Provided	4.93	6.91	6.06	(2.45)
Number of Allied Practitioners	7.81	3.82	7.29	4.09
Number of Allied Practitioners Per 1,000 Persons	7.69	0.00	7.14	2.22
Number of Services Per Allied Practitioner	(2.67)	2.97	(1.14)	(6.28)
Number of Discrete Allied Patients [3]	5.02	5.90	5.67	(0.05)
Number of Discrete Patients Per Allied Practitioner	(2.59)	2.00	(1.51)	(3.98)
Total Payments to Allied Practitioners	5.92	6.88	7.06	(0.28)
Allied Practitioner Payment Per 1,000 Persons	4.34	5.08	4.80	(1.94)
Average Payment Per Allied Practitioner	(1.75)	2.94	(0.21)	(4.20)

Table 2.2
Number of Physicians and Average Payments to Physicians Within Age Group
For the Service Years Ended March 31, 1999 to March 31, 2003

	Number of Physicians					Percentage Change			
Age Group	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003	2000/1999	2001/2000	2002/2001	2003/2002
Under 30	133	121	104	104	115	(9.02)	(14.05)	0.00	10.58
30 - 34	488	549	591	628	649	12.50	7.65	6.26	3.34
35 - 39	693	679	718	759	747	(2.02)	5.74	5.71	(1.58)
40 - 44	887	894	883	866	818	0.79	(1.23)	(1.93)	(5.54)
45 - 49	791	834	883	926	977	5.44	5.88	4.87	5.51
50 - 54	535	622	664	714	744	16.26	6.75	7.53	4.20
55 - 59	330	353	402	443	478	6.97	13.88	10.20	7.90
60 - 64	264	267	271	281	298	1.14	1.50	3.69	6.05
65 and Over	321	322	340	358	380	0.31	5.59	5.29	6.15
Total	4,442	4,641	4,856	5,079	5,206	4.48%	4.63%	4.59%	2.50%

	Average Payments					Percentage Change			
Age Group	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003	2000/1999	2001/2000	2002/2001	2003/2002
Under 30	99,267	104,955	114,515	97,942	100,734	5.73	9.11	(14.47)	2.85
30 - 34	134,244	152,832	161,202	168,171	187,875	13.85	5.48	4.32	11.72
35 - 39	175,278	178,839	178,358	190,534	219,670	2.03	(0.27)	6.83	15.29
40 - 44	213,733	198,712	212,992	215,259	237,551	(7.03)	7.19	1.06	10.36
45 - 49	230,211	241,726	227,703	246,589	271,981	5.00	(5.80)	8.29	10.30
50 - 54	214,021	218,775	223,468	243,484	278,446	2.22	2.15	8.96	14.36
55 - 59	210,958	219,906	221,848	230,657	262,729	4.24	0.88	3.97	13.90
60 - 64	218,182	208,268	208,483	215,081	255,815	(4.54)	0.10	3.16	18.94
65 and Over	107,591	114,739	119,515	138,365	155,245	6.64	4.16	15.77	12.20
Total	$190,930	$194,687	$197,503	$208,933	$235,426	1.97%	1.45%	5.79%	12.68%

Table 2.3
Distribution of Physician and Allied Practitioner Payments and Services Per Patient
For the Service Year April 1, 2002 - March 31, 2003

Practitioner Type	Total Payments[1]	Number of Services	Average Cost Per Service	Number of Discrete Patients[2]	Average Cost Per Discrete Patient	Services Per Discrete Patient
Total	$1,287,341,171	32,969,174	$39.05	2,732,018	$471.21	12
Physicians	1,225,626,637	29,328,923	41.79	2,642,193	463.87	11
Dental/Oral Surgeons	2,394,458	16,759	142.88	12,444	192.42	1
Chiropractors	36,911,951	2,916,471	12.66	422,633	87.34	7
Optometrists	15,542,303	420,149	36.99	330,023	47.09	1
Podiatrists	6,865,822	286,872	23.93	92,861	73.94	3

(1) The totals for payments may not add due to rounding.

(2) "Number of Discrete Patients" contains the actual count of patients receiving at least one service. The total represents a discrete count of patients within all practitioner types.

Table 2.4
Total Number of Services Provided by Physicians and Allied Practitioners
For the Service Years Ended March 31, 1999 to March 31, 2003

Practitioner Type	Number of Services					Percentage Change			
	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003	2000/1999	2001/2000	2002/2001	2003/2002
Total	28,503,677	29,632,967	30,752,048	31,574,208	32,969,174	3.96%	3.78%	2.67%	4.42%
Physicians	25,367,415	26,341,975	27,233,744	27,842,671	29,328,923	3.84	3.39	2.24	5.34
Dental/Oral Surgeons	11,920	14,292	14,708	14,585	16,759	19.90	2.91	(0.84)	14.91
Chiropractors	2,586,578	2,691,239	2,873,971	3,043,585	2,916,471	4.05	6.79	5.90	(4.18)
Optometrists	317,188	345,207	372,318	398,550	420,149	8.83	7.85	7.05	5.42
Podiatrists	220,576	240,254	257,307	274,817	286,872	8.92	7.10	6.81	4.39

Table 2.5

Distribution of Optometry Payments and Services Per Patient By Age Group
For the Service Years Ended March 31, 1999 to March 31, 2003

Year	Age Group	Total Optometry Payments	Number of Optometry Services	Average Cost Per Service	Number of Discrete Patients(1)	Average Cost Per Discrete Patient	Number of Services Per Patient	Population Covered
1998/1999	0 to 18	7,670,332	210,438	$36.45	185,648	$41.32	1.13	812,114
	65 & Older	$3,651,612	106,750	$34.21	78,330	$46.62	1.36	291,695
1999/2000	0 to 18	$8,303,112	227,737	$36.46	200,167	$41.48	1.14	813,987
	65 & Older	$3,988,746	117,470	$33.96	83,226	$47.93	1.41	299,204
2000/2001	0 to 18	$8,741,515	240,972	$36.28	210,033	$41.62	1.15	815,505
	65 & Older	$4,491,726	131,346	$34.20	89,416	$50.23	1.47	307,544
2001/2002	0 to 18	$9,098,288	251,481	$36.18	218,622	$41.62	1.15	819,846
	65 & Older	$5,553,419	147,069	$37.76	97,492	$56.96	1.51	315,415
2002/2003	0 to 18	$10,010,029	274,109	$36.52	233,597	$42.85	1.17	820,551
	65 & Older	$5,532,274	146,040	$37.88	96,426	$57.37	1.51	323,311

(1) "Number of Discrete Patients" contains the actual count of patients receiving at least one service.

Table 2.6
Total and Average Gross Payments to Physicians and Allied Practitioners by Practitioner Type
For the Service Years Ended March 31, 1999 to March 31, 2003

Practitioner Type	Number of Practitioners					Percentage Change			
	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003	2000/1999	2001/2000	2002/2001	2003/2002
Total	5,582	5,870	6,132	6,448	6,631	5.16%	4.46%	5.15%	2.84%
Physicians[1]	4,442	4,641	4,856	5,079	5,206	4.48	4.63	4.59	2.50
Dental/Oral Surgeons	232	250	232	250	234	7.76	(7.20)	7.76	(6.40)
Chiropractors	589	645	689	745	801	9.51	6.82	8.13	7.52
Optometrists	281	293	311	326	340	4.27	6.14	4.82	4.29
Podiatrists	38	41	44	48	50	7.89	7.32	9.09	4.17

Practitioner Type	Total Payments[2]					Percentage Change			
	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003	2000/1999	2001/2000	2002/2001	2003/2002
Total	$899,172,730	$957,626,968	$1,016,877,883	$1,123,055,469	$1,287,341,171	6.50%	6.19%	10.44%	14.63%
Physicians[1]	848,113,097	903,542,952	959,073,855	1,061,169,693	1,225,626,637	6.54	6.15	10.65	15.50
Dental/Oral Surgeons	1,853,322	2,092,003	2,116,386	2,167,898	2,394,458	12.88	1.17	2.43	10.45
Chiropractors	32,783,916	34,089,521	36,399,695	38,535,026	36,911,951	3.98	6.78	5.87	(4.21)
Optometrists	11,321,945	12,291,858	13,233,240	14,651,707	15,542,303	8.57	7.66	10.72	6.08
Podiatrists	5,100,450	5,610,635	6,054,707	6,531,145	6,865,822	10.00	7.91	7.87	5.12

Practitioner Type	Average Payment					Percentage Change			
	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003	2000/1999	2001/2000	2002/2001	2003/2002
Total	$161,084	$163,139	$165,831	$174,171	$194,140	1.28%	1.65%	5.03%	11.46%
Physicians[1]	190,930	194,687	197,503	208,933	235,426	1.97	1.45	5.79	12.68
Dental/Oral Surgeons	7,988	8,368	9,122	8,672	10,233	4.75	9.01	(4.94)	18.00
Chiropractors	55,660	52,852	52,830	51,725	46,082	(5.05)	(0.04)	(2.09)	(10.91)
Optometrists	40,292	41,952	42,551	44,944	45,713	4.12	1.43	5.62	1.71
Podiatrists	134,222	136,845	137,607	136,066	137,316	1.95	0.56	(1.12)	0.92

(1) These data include pathology payments.
(2) The totals for payments may not add due to rounding.

Table 2.7
Distribution of Physicians and Allied Practitioners by Gross Payment Range
For the Service Years Ended March 31, 1999 to March 31, 2003

Dollar Range	Total					Physicians					Dental/Oral Surgeons				
	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003
Total	5,582	5,870	6,132	6,448	6,631	4,442	4,641	4,856	5,079	5,206	232	250	232	250	234
Less than $10,000	505	539	510	540	551	206	204	204	210	220	203	220	201	219	198
10,000- 19,999	218	226	252	238	277	131	123	136	122	142	7	6	6	10	13
20,000- 39,999	421	425	463	524	523	205	218	224	257	241	3	4	7	4	4
40,000- 59,999	456	463	494	489	526	259	248	271	251	210	9	8	5	2	7
60,000- 79,999	428	430	435	466	421	281	264	262	277	243	3	6	7	7	5
80,000- 99,999	346	355	397	399	326	264	272	295	291	255	4	1	2	4	1
100,000-119,999	325	331	356	329	299	274	276	303	284	253		1			1
120,000-139,999	321	343	334	335	271	290	313	311	302	243	1	1	1	1	1
140,000-159,999	326	310	304	320	296	314	294	282	298	282	1				
160,000-179,999	322	345	327	307	283	316	338	320	299	274		1			1
180,000-199,999	289	283	287	288	270	284	280	282	284	265	1	1	2	1	
200,000-299,999	1,024	1,088	1,145	1,175	1,224	1,018	1,080	1,139	1,167	1,216		1	1	2	2
300,000-399,999	351	403	453	574	697	351	403	453	574	696					1
400,000-499,999	119	154	153	194	301	119	154	153	194	301					
500,000-599,999	54	71	80	87	113	54	71	80	87	112					
600,000-699,999	24	38	57	80	80	23	37	56	79	80					
700,000-799,999	5	13	19	28	58	5	13	19	28	58					
800,000-899,999	8	13	14	19	36	8	13	14	19	36					
900,000-999,999	8	6	13	7	18	8	6	13	7	18					
1,000,000 & Over	32	34	39	49	61	32	34	39	49	61					

Continued...

Table 2.7
Distribution of Physicians and Allied Practitioners by Gross Payment Range
For the Service Years Ended March 31, 1999 to March 31, 2003

Dollar Range	Chiropractors					Optometrists					Podiatrists				
	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003
Total	589	645	689	745	801	281	293	311	326	340	38	41	44	48	50
Less than $10,000	71	89	73	93	101	25	25	32	16	30		1		2	2
10,000- 19,999	49	67	79	71	99	30	30	31	35	23	1				
20,000- 39,999	111	113	138	161	185	101	89	92	100	91	1	1	2	2	2
40,000- 59,999	115	128	142	147	193	71	78	75	87	115	2	1	1	2	1
60,000- 79,999	102	105	109	126	116	37	52	55	55	53	5	3	2	1	4
80,000- 99,999	65	66	74	75	48	12	15	21	27	18	1	1	5	2	4
100,000-119,999	43	46	47	33	34	5	2	3	5	8	3	6	3	7	3
120,000-139,999	23	20	13	23	17		2	1	1	1	7	7	8	8	9
140,000-159,999	6	7	9	10	4			1		1	5	9	12	12	9
160,000-179,999	2	2	3	4	2						4	4	4	4	6
180,000-199,999				1	1						4	2	3	2	4
200,000-299,999	1	1	1								5	6	4	6	6
300,000-399,999															
400,000-499,999															
500,000-599,999					1										
600,000-699,999	1	1	1	1											
700,000-799,999															
800,000-899,999															
900,000-999,999															
1,000,000 & Over															

Table 2.8
Distribution of Physician Payments and Services Per Patient
For the Service Years Ended March 31, 1999 to March 31, 2003

Year	Total Physician Payments	Number of Services	Average Cost Per Service	Number of Discrete Patients[1]	Average Cost Per Discrete Patient	Number of Services Per Patient	Population Covered
1998/1999	$848,113,097	25,367,415	$33.43	2,482,248	$341.67	10.22	2,912,925
1999/2000	$903,542,952	26,341,975	$34.30	2,536,934	$356.16	10.38	2,957,045
2000/2001	$959,073,855	27,233,744	$35.22	2,572,066	$372.88	10.59	3,007,582
2001/2002	$1,061,169,693	27,842,671	$38.11	2,601,914	$407.84	10.70	3,072,384
2002/2003	$1,225,626,637	29,328,923	$41.79	2,642,193	$463.87	11.10	3,124,487
Percentage Change 2003/2002	15.50	5.34	9.64	1.55	13.74	3.73	1.70
Annual Average % Change for Last 5 Years	9.64	3.69	5.74	1.57	7.94	2.09	1.77

(1) "Number of Discrete Patients" contains the actual count of patients receiving at least one service.

Table 2.9
Distribution of Discrete Patients by Payment Range
For Services Provided by Physicians
For the Service Year April 1, 2002 - March 31, 2003

Dollar Range	Distribution Of		
	Discrete Patients[1]	Payments	Services
Total	2,642,193	$1,225,626,637	29,328,923
$ 0.01 - 50.00	313,585	9,840,918	323,384
50.01 - 100.00	431,229	30,721,823	945,448
100.01 - 200.00	545,106	79,266,900	2,298,354
200.01 - 300.00	331,114	81,632,496	2,290,619
300.01 - 400.00	227,104	78,756,199	2,134,085
400.01 - 500.00	156,929	70,181,359	1,864,445
500.01 - 600.00	112,911	61,807,534	1,595,162
600.01 - 700.00	83,476	54,076,277	1,365,268
700.01 - 800.00	63,123	47,208,373	1,158,244
800.01 - 900.00	49,913	42,331,864	1,011,493
900.01 - 1,000.00	40,247	38,176,934	894,538
1,000.01 - 2,000.00	187,295	259,597,031	5,653,466
2,000.01 - 3,000.00	54,950	132,673,199	2,800,058
3,000.01 - 4,000.00	20,407	69,947,538	1,508,184
4,000.01 - 5,000.00	9,053	40,203,513	889,429
5,000.01 and Over	15,751	129,204,681	2,596,746

(1) "Number of Discrete Patients" contains the actual count of patients receiving at least one medical service during the fiscal year.

Table 2.9A
Percentage Distribution of Discrete Patients by Payment Range
For Services Provided by Physicians
For the Service Year April 1, 2002 - March 31, 2003

Dollar Range	Percentage Distribution		
	Discrete Patients[1]	Payments	Services
Total	100.00%	100.00%	100.00%
$ 0.01 - 50.00	11.87%	0.80%	1.10%
50.01 - 100.00	16.32%	2.51%	3.22%
100.01 - 200.00	20.63%	6.47%	7.84%
200.01 - 300.00	12.53%	6.66%	7.81%
300.01 - 400.00	8.60%	6.43%	7.28%
400.01 - 500.00	5.94%	5.73%	6.36%
500.01 - 600.00	4.27%	5.04%	5.44%
600.01 - 700.00	3.16%	4.41%	4.66%
700.01 - 800.00	2.39%	3.85%	3.95%
800.01 - 900.00	1.89%	3.45%	3.45%
900.01 - 1,000.00	1.52%	3.11%	3.05%
1,000.01 - 2,000.00	7.09%	21.18%	19.28%
2,000.01 - 3,000.00	2.08%	10.82%	9.55%
3,000.01 - 4,000.00	0.77%	5.71%	5.14%
4,000.01 - 5,000.00	0.34%	3.28%	3.03%
5,000.01 and Over	0.60%	10.54%	8.85%

(1) "Number of Discrete Patients" contains the actual count of patients receiving at least one medical service during the fiscal year.

Table 2.10
Distribution of Physicians by Specialty
For the Service Years Ended March 31, 1999 to March 31, 2003

Physicians by Specialty	Number of Practitioners				
	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003
Total: All Physicians	4,442	4,641	4,856	5,079	5,206
Subtotal:					
All Physicians (except Pathology)	4,423	4,622	4,835	5,057	5,187
All Specialists (except GP/FPs & Pathology)	1,959	2,077	2,176	2,311	2,346
Physicians by Specialty					
Anaesthesiology	206	215	237	245	262
Cardiovascular and Thoracic Surgery	18	17	18	21	22
Dermatology	37	34	35	36	34
Emergency Medicine	45	49	57	61	62
General/Family Physicians (GP/FPs)	2,464	2,545	2,659	2,746	2,841
- General/Family Physicians	2,443	2,521	2,633	2,594	2,669
- Full Time Emergency Room Physicians[1]	n.a.	n.a.	n.a.	128	143
- Mental Health Generalist	15	19	18	16	19
- Other General Practice Physicians	6	5	8	8	10
General Surgery	134	139	146	142	144
- General Surgery designated specialty	128	132	135	129	131
- Other General Surgery	6	7	11	13	13
Internal Medicine	411	436	456	510	483
- Internal Medicine designated specialty	292	311	313	323	256
- Cardiology	49	51	54	57	63
- Endocrinology/Metabolism	10	8	7	7	7
- Gastroenterology	20	20	22	31	40
- Infectious Diseases	9	11	12	11	10
- Other Internal Medicine	31	35	48	81	107
Neurology	51	54	59	64	58
Neurosurgery	19	18	20	21	23
Obstetrics-Gynaecology	123	125	122	124	130
Ophthalmology	85	83	85	85	87
Orthopaedic Surgery	97	99	100	106	113
Otolaryngology	32	31	32	33	35
Paediatrics	216	215	231	227	236
Physical Medicine & Rehabilitation	23	23	23	26	28
Plastic Surgery	35	34	36	38	42
Psychiatry	277	299	299	317	320
- Psychiatry designated specialty	254	277	278	299	306
- Mental Health specialty	23	22	21	18	14
Urology	33	35	36	36	35
Laboratory Specialists	136	190	205	241	251
- Pathology	19	19	21	22	19
- Radiology	117	171	184	219	232

(1) New specialty effective January 1, 2001.

Continued...

Table 2.10A
Distribution of Average Gross Payments
For the Service Years Ended March 31, 1999 to March 31, 2003

Physicians by Specialty	Average Payment					Percentage Change			
	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003	2000/1999	2001/2000	2002/2001	2003/2002
Total: All Physicians	$190,930	$194,687	$197,503	$208,933	$235,426	1.97%	1.45%	5.79%	12.68%
Subtotal:									
All Physicians (except Pathology)	191,170	194,963	197,812	209,271	235,504	1.98	1.46	5.79	12.54
All Specialists (except GP/FPs and Pathology)	235,684	236,213	241,608	252,793	288,969	0.22	2.28	4.63	14.31
Physicians by Specialty									
Anaesthesiology	206,525	206,602	199,312	215,243	235,856	0.04	(3.53)	7.99	9.58
Cardiovascular and Thoracic Surgery	464,911	537,495	523,341	482,665	533,865	15.61	(2.63)	(7.77)	10.61
Dermatology	332,401	355,231	356,581	396,739	480,242	6.87	0.38	11.26	21.05
Emergency Medicine	137,489	137,378	143,422	147,411	178,498	(0.08)	4.40	2.78	21.09
General/Family Physicians (GP/FPs)	155,780	161,298	161,971	172,643	191,354	3.54	0.42	6.59	10.84
- General/Family Physicians	156,048	161,596	162,288	173,515	192,361	3.56	0.43	6.92	10.86
- Full Time Emergency Room Physicians[1]	n.a.	n.a.	n.a.	165,081	185,968	n.a.	n.a.	n.a.	12.65
- Mental Health Generalist	139,673	139,057	155,982	139,951	146,280	(0.44)	12.17	(10.28)	4.52
- Other General Practice Physicians	87,124	95,495	71,066	76,233	85,231	9.61	(25.58)	7.27	11.80
General Surgery	245,105	245,272	257,268	274,810	317,109	0.07	4.89	6.82	15.39
- General Surgery designated specialty	246,835	244,355	258,432	275,892	314,859	(1.00)	5.76	6.76	14.12
- Other General Surgery	208,194	262,561	242,978	264,074	339,777	26.11	(7.46)	8.68	28.67
Internal Medicine	197,283	203,085	211,980	217,531	246,196	2.94	4.38	2.62	13.18
- Internal Medicine designated specialty	183,232	184,834	186,392	187,563	213,110	0.87	0.84	0.63	13.62
- Cardiology	330,329	372,429	407,983	422,672	465,895	12.74	9.55	3.60	10.23
- Endocrinology/Metabolism	84,476	91,101	82,369	81,283	121,532	7.84	(9.58)	(1.32)	49.52
- Gastroenterology	267,447	264,207	268,325	275,359	288,611	(1.21)	1.56	2.62	4.81
- Infectious Diseases	72,935	59,983	81,508	93,202	77,036	(17.76)	35.89	14.35	(17.35)
- Other Internal Medicine	146,557	154,151	184,023	199,204	204,109	5.18	19.38	8.25	2.46
Neurology	131,934	135,765	134,731	138,092	169,147	2.90	(0.76)	2.49	22.49
Neurosurgery	247,281	285,472	234,566	230,187	226,522	15.44	(17.83)	(1.87)	(1.59)
Obstetrics-Gynaecology	242,301	266,600	288,779	303,457	349,249	10.03	8.32	5.08	15.09
Ophthalmology	403,831	426,081	455,009	508,304	566,680	5.51	6.79	11.71	11.48
Orthopaedic Surgery	215,814	220,017	239,291	255,405	270,387	1.95	8.76	6.73	5.87
Otolaryngology	347,363	392,555	397,989	441,012	498,151	13.01	1.38	10.81	12.96
Paediatrics	120,447	125,915	125,727	139,214	149,438	4.54	(0.15)	10.73	7.34
Physical Medicine and Rehabilitation	93,576	97,400	102,649	94,196	110,263	4.09	5.39	(8.24)	17.06
Plastic Surgery	263,716	270,421	277,029	288,808	321,137	2.54	2.44	4.25	11.19
Psychiatry	152,920	152,007	159,515	167,590	199,280	(0.60)	4.94	5.06	18.91
- Psychiatry designated specialty	155,492	154,200	161,711	168,914	199,608	(0.83)	4.87	4.45	18.17
- Mental Health specialty	124,517	124,389	130,438	145,591	192,111	(0.10)	4.86	11.62	31.95
Urology	298,455	292,602	293,492	315,435	376,983	(1.96)	0.30	7.48	19.51
Laboratory Specialists	615,682	466,994	458,567	437,112	517,771	(24.15)	(1.80)	(4.68)	18.45
- Pathology	135,064	127,667	126,332	131,230	214,164	(5.48)	(1.05)	3.88	63.20
- Radiology	693,731	504,697	496,486	467,839	542,635	(27.25)	(1.63)	(5.77)	15.99

Continued...

Table 2.10B
Distribution of Median Gross Payments
For the Service Years Ended March 31, 1999 to March 31, 2003

Physicians by Specialty	Median Payment					Percentage Change			
	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003	2000/1999	2001/2000	2002/2001	2003/2002
Total: All Physicians	$159,905	$165,958	$169,086	$175,783	$198,493	3.79%	1.88%	3.96%	12.92%
Subtotal:									
All Physicians (except Pathology)	160,251	166,084	167,471	176,336	198,931	3.64	0.84	5.29	12.81
All Specialists (except GP/FPs and Pathology)	177,399	190,892	187,803	202,150	235,256	7.61	(1.62)	7.64	16.38
Physicians by Specialty									
Anaesthesiology	219,861	224,118	218,317	230,781	254,766	1.94	(2.59)	5.71	10.39
Cardiovascular and Thoracic Surgery	493,753	528,553	513,802	516,373	574,274	7.05	(2.79)	0.50	11.21
Dermatology	307,073	312,161	310,463	359,685	413,839	1.66	(0.54)	15.85	15.06
Emergency Medicine	149,310	139,207	129,842	137,042	169,125	(6.77)	(6.73)	5.55	23.41
General/Family Physicians (GP/FPs)	152,882	155,358	157,228	164,939	181,436	1.62	1.20	4.90	10.00
- General/Family Physicians	153,020	155,491	157,411	165,116	181,598	1.61	1.24	4.89	9.98
- Full Time Emergency Room Physicians[1]	n.a.	n.a.	n.a.	170,658	193,172	n.a.	n.a.	n.a.	13.19
- Mental Health Generalist	156,264	151,631	164,987	162,645	152,953	(2.96)	8.81	(1.42)	(5.96)
- Other General Practice Physicians	42,557	29,763	12,224	8,241	2,610	(30.06)	(58.93)	(32.58)	(68.33)
General Surgery	263,529	252,122	279,211	313,357	333,661	(4.33)	10.74	12.23	6.48
- General Surgery designated specialty	265,134	254,515	278,956	321,593	332,580	(4.01)	9.60	15.28	3.42
- Other General Surgery	204,555	238,989	280,436	275,351	334,741	16.83	17.34	(1.81)	21.57
Internal Medicine	142,587	151,990	157,376	152,032	181,545	6.59	3.54	(3.40)	19.41
- Internal Medicine designated specialty	145,286	147,711	148,365	135,979	167,766	1.67	0.44	(8.35)	23.38
- Cardiology	319,369	316,530	386,820	391,169	367,863	(0.89)	22.21	1.12	(5.96)
- Endocrinology/Metabolism	85,729	84,099	68,951	68,619	125,102	(1.90)	(18.01)	(0.48)	82.32
- Gastroenterology	252,946	277,385	255,773	269,451	309,456	9.66	(7.79)	5.35	14.85
- Infectious Diseases	73,473	40,390	69,233	72,588	55,149	(45.03)	71.41	4.85	(24.02)
- Other Internal Medicine	110,327	105,634	144,945	142,293	156,874	(4.25)	37.21	(1.83)	10.25
Neurology	100,214	121,129	105,090	112,291	147,262	20.87	(13.24)	6.85	31.14
Neurosurgery	271,731	273,880	245,009	246,880	240,971	0.79	(10.54)	0.76	(2.39)
Obstetrics-Gynaecology	230,928	234,957	261,429	270,979	323,753	1.74	11.27	3.65	19.48
Ophthalmology	362,196	369,719	388,330	449,006	474,143	2.08	5.03	15.62	5.60
Orthopaedic Surgery	246,238	241,714	267,151	290,831	298,866	(1.84)	10.52	8.86	2.76
Otolaryngology	351,947	390,392	396,680	423,991	460,972	10.92	1.61	6.88	8.72
Paediatrics	84,571	85,658	90,852	102,887	108,222	1.29	6.06	13.25	5.18
Physical Medicine and Rehabilitation	85,284	85,934	104,489	81,064	102,701	0.76	21.59	(22.42)	26.67
Plastic Surgery	249,381	270,782	280,033	295,454	335,401	8.58	3.42	5.51	13.52
Psychiatry	149,401	148,493	152,378	160,307	196,330	(0.61)	2.62	5.20	22.47
- Psychiatry designated specialty	153,770	151,336	153,125	161,230	195,242	(1.58)	1.18	5.29	21.09
- Mental Health specialty	125,690	133,731	134,004	133,647	198,228	6.40	0.20	(0.27)	48.32
Urology	302,200	302,792	285,928	326,676	385,064	0.20	(5.57)	14.25	17.87
Laboratory Specialists	72,697	297,226	375,164	312,376	406,216	308.86	26.22	(16.74)	30.04
- Pathology	897	2,424	1,846	1,850	1,704	170.25	(23.85)	0.24	(7.93)
- Radiology	107,463	350,163	432,283	392,726	460,931	225.85	23.45	(9.15)	17.37

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty[1]
For the Service Year April 1, 2002 - March 31, 2003

Dollar Range	All Physicians		All Physicians (except Pathology)		All Specialties (except General/Family Physicians and Pathology)	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Total	$1,225,626,637	5,206	$1,221,557,525	5,187	$677,921,789	2,346
Less Than $10,000	860,202	220	833,625	206	442,677	105
10,000- 19,999	2,045,984	142	2,045,984	142	1,047,551	71
20,000- 39,999	7,036,667	241	7,003,655	240	3,255,607	113
40,000- 59,999	10,508,880	210	10,508,880	210	4,331,740	86
60,000- 79,999	16,987,139	243	16,921,251	242	6,329,453	91
80,000- 99,999	23,003,344	255	23,003,344	255	9,703,896	108
100,000-119,999	27,864,324	253	27,864,324	253	10,838,420	98
120,000-139,999	31,621,518	243	31,621,518	243	10,895,141	84
140,000-159,999	42,355,267	282	42,355,267	282	14,188,506	95
160,000-179,999	46,546,330	274	46,546,330	274	14,242,705	84
180,000-199,999	50,419,589	265	50,419,589	265	17,051,966	90
200,000-299,999	301,409,726	1,216	301,181,504	1,215	112,655,666	449
300,000-399,999	241,296,892	696	241,296,892	696	122,456,924	353
400,000-499,999	133,758,508	301	133,758,508	301	87,833,721	196
500,000-599,999	61,018,592	112	61,018,592	112	47,619,736	87
600,000-699,999	51,548,030	80	51,548,030	80	45,898,333	71
700,000-799,999	43,399,176	58	43,399,176	58	39,755,220	53
800,000-899,999	30,510,932	36	30,510,932	36	29,654,407	35
900,000-999,999	17,040,061	18	17,040,061	18	17,040,061	18
1,000,000 and Over	86,395,476	61	82,680,062	59	82,680,062	59

(1) A blank cell represents a zero value.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty[1]
For the Service Year April 1, 2002 - March 31, 2003

	Anaesthesiology		Cardiovascular and Thoracic Surgery		Dermatology	
Dollar Range	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Total	$61,794,271	262	$11,745,028	22	$16,328,233	34
Less Than $10,000	24,953	4			178	1
10,000- 19,999	142,774	10				
20,000- 39,999	166,175	6				
40,000- 59,999	201,762	4	102,583	2		
60,000- 79,999	567,888	8	71,205	1		
80,000- 99,999	982,182	11			85,651	1
100,000-119,999	1,230,573	11				
120,000-139,999	797,497	6				
140,000-159,999	1,222,309	8	154,500	1	298,473	2
160,000-179,999	2,070,854	12				
180,000-199,999	1,907,822	10			187,523	1
200,000-299,999	25,397,077	99	731,359	3	989,840	4
300,000-399,999	20,462,204	60			2,827,778	8
400,000-499,999	3,463,550	8	1,277,699	3	2,788,254	6
500,000-599,999	1,683,804	3	1,148,548	2	1,702,776	3
600,000-699,999	687,303	1	3,890,449	6	1,300,290	2
700,000-799,999	785,544	1			1,493,284	2
800,000-899,999			867,080	1	855,465	1
900,000-999,999			910,998	1	1,926,983	2
1,000,000 and Over			2,590,606	2	1,871,736	1

(1) A blank cell represents a zero value.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty[1]
For the Service Year April 1, 2002 - March 31, 2003

	Emergency Medicine		All General/Family Physicians		All General Surgery	
Dollar Range	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Total	$11,066,897	62	$543,635,736	2,841	$45,663,648	144
Less Than $10,000	229	1	390,948	101	21,933	4
10,000- 19,999	17,587	1	998,434	71	87,767	6
20,000- 39,999	36,356	1	3,748,048	127	156,335	5
40,000- 59,999	55,150	1	6,177,141	124	117,204	2
60,000- 79,999	64,640	1	10,591,798	151	360,715	5
80,000- 99,999	367,048	4	13,299,448	147	163,524	2
100,000-119,999	778,708	7	17,025,904	155	347,928	3
120,000-139,999	648,177	5	20,726,377	159	266,797	2
140,000-159,999	1,203,102	8	28,166,761	187	458,002	3
160,000-179,999	1,037,489	6	32,303,626	190	685,721	4
180,000-199,999	1,136,450	6	33,367,623	175	182,513	1
200,000-299,999	4,616,487	18	188,525,838	766	5,113,101	21
300,000-399,999	668,400	2	118,839,968	343	13,440,963	38
400,000-499,999	437,073	1	45,924,787	105	13,018,235	29
500,000-599,999			13,398,856	25	6,537,478	12
600,000-699,999			5,649,697	9	3,160,854	5
700,000-799,999			3,643,956	5	1,544,577	2
800,000-899,999			856,526	1		
900,000-999,999						
1,000,000 and Over						

(1) A blank cell represents a zero value.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty[1]
For the Service Year April 1, 2002 - March 31, 2003

	All Internal Medicine		Neurology		Neurosurgery	
Dollar Range	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Total	$118,912,684	483	$9,810,553	58	$5,210,010	23
Less than $10,000	148,091	44	7,625	3	7,541	2
10,000- 19,999	224,900	15	42,914	3		
20,000- 39,999	891,706	31	89,529	3	67,006	2
40,000- 59,999	1,223,020	24	209,214	4		
60,000- 79,999	1,224,331	18	519,397	7	65,349	1
80,000- 99,999	2,212,745	25	95,350	1		
100,000-119,999	1,965,710	18	450,720	4		
120,000-139,999	3,113,364	24	253,079	2		
140,000-159,999	3,272,413	22	592,351	4	146,495	1
160,000-179,999	3,013,659	18	672,944	4		
180,000-199,999	3,198,921	17	775,783	4	380,173	2
200,000-299,999	18,165,553	74	2,932,053	12	1,475,953	6
300,000-399,999	20,507,813	59	1,067,045	3	3,067,494	9
400,000-499,999	15,780,754	35	1,347,503	3		
500,000-599,999	8,271,760	15				
600,000-699,999	10,977,834	17				
700,000-799,999	9,670,247	13	755,045	1		
800,000-899,999	4,221,556	5				
900,000-999,999	1,884,758	2				
1,000,000 and Over	8,943,551	7				

(1) A blank cell represents a zero value.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty[1]
For the Service Year April 1, 2002 - March 31, 2003

	Obstetrics-Gynaecology		Ophthalmology		Orthopaedic Surgery	
Dollar Range	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Total	$45,402,373	130	$49,301,141	87	$30,553,709	113
Less than $10,000	7,776	1	16,398	2	20,750	5
10,000- 19,999	55,822	4			12,873	1
20,000- 39,999	135,004	5	42,738	2	96,724	4
40,000- 59,999	314,645	7			290,309	6
60,000- 79,999	276,159	4	66,505	1	65,444	1
80,000- 99,999	635,701	7	270,150	3	542,455	6
100,000-119,999	436,428	4			230,367	2
120,000-139,999	777,897	6	272,109	2	370,494	3
140,000-159,999			158,021	1	432,735	3
160,000-179,999	338,688	2	495,703	3	866,387	5
180,000-199,999	390,177	2	370,606	2	576,838	3
200,000-299,999	4,219,134	17	2,912,767	11	4,624,683	18
300,000-399,999	8,446,772	24	2,542,399	7	11,616,403	33
400,000-499,999	7,258,274	16	4,958,761	11	8,487,305	19
500,000-599,999	5,910,624	11	4,823,775	9	1,039,930	2
600,000-699,999	3,227,114	5	4,462,896	7	1,280,011	2
700,000-799,999	4,514,883	6	6,659,485	9		
800,000-899,999	4,173,221	5	2,558,989	3		
900,000-999,999	1,860,216	2	981,727	1		
1,000,000 and Over	2,423,839	2	17,708,112	13		

(1) A blank cell represents a zero value.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty[1]
For the Service Year April 1, 2002 - March 31, 2003

	Otolaryngology		Paediatrics		Physical Medicine and Rehabilitation	
Dollar Range	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Total	$17,435,281	35	$35,267,397	236	$3,087,375	28
Less than $10,000			103,418	18		
10,000- 19,999			259,241	17	76,371	5
20,000- 39,999			845,261	29	32,531	1
40,000- 59,999			424,104	9	110,564	2
60,000- 79,999	60,124	1	1,575,916	23	76,731	1
80,000- 99,999			1,521,658	17	378,353	4
100,000-119,999			1,431,316	13	655,734	6
120,000-139,999			1,287,453	10	122,928	1
140,000-159,999	140,747	1	2,808,078	19	450,979	3
160,000-179,999			1,333,973	8	166,790	1
180,000-199,999	372,787	2	1,305,698	7		
200,000-299,999	287,668	1	7,694,728	30	1,016,394	4
300,000-399,999	2,689,165	8	7,853,312	23		
400,000-499,999	3,164,049	7	3,628,600	8		
500,000-599,999	2,771,347	5	1,639,077	3		
600,000-699,999	684,313	1				
700,000-799,999	3,817,075	5	705,759	1		
800,000-899,999	2,427,197	3	849,806	1		
900,000-999,999						
1,000,000 and Over	1,020,809	1				

(1) A blank cell represents a zero value.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty[1]
For the Service Year April 1, 2002 - March 31, 2003

	Plastic Surgery		All Psychiatry		Urology	
Dollar Range	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Total	$13,487,755	42	$63,769,619	320	$13,194,393	35
Less than $10,000			18,092	4		
10,000- 19,999			104,932	7		
20,000- 39,999	26,580	1	298,339	10		
40,000- 59,999	51,859	1	761,354	15	58,813	1
60,000- 79,999			901,108	13		
80,000- 99,999	258,467	3	1,640,806	18		
100,000-119,999	336,017	3	2,319,568	21		
120,000-139,999			2,729,716	21		
140,000-159,999			1,969,101	13	149,939	1
160,000-179,999	171,006	1	3,043,119	18		
180,000-199,999			4,729,134	25	185,862	1
200,000-299,999	1,596,331	7	24,969,361	100	1,634,090	6
300,000-399,999	4,504,724	13	13,909,317	41	4,012,780	11
400,000-499,999	3,559,544	8	5,356,722	12	4,867,493	11
500,000-599,999	1,641,555	3	1,018,951	2	2,285,416	4
600,000-699,999	617,969	1				
700,000-799,999	723,701	1				
800,000-899,999						
900,000-999,999						
1,000,000 and Over						

(1) A blank cell represents a zero value.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty[1]
For the Service Year April 1, 2002 - March 31, 2003

	Pathology		Radiology	
Dollar Range	Payments	Number of Physicians	Payments	Number of Physicians
Total	$4,069,112	19	$125,891,423	232
Less than $10,000	26,577	14	65,694	16
10,000- 19,999			22,371	2
20,000- 39,999	33,012	1	371,323	13
40,000- 59,999			411,157	8
60,000- 79,999	65,887	1	433,941	6
80,000- 99,999			549,803	6
100,000-119,999			655,353	6
120,000-139,999			255,630	2
140,000-159,999			731,260	5
160,000-179,999			346,371	2
180,000-199,999			1,351,678	7
200,000-299,999	228,222	1	4,279,087	18
300,000-399,999			4,840,353	14
400,000-499,999			8,439,906	19
500,000-599,999			7,144,695	13
600,000-699,999			15,609,301	24
700,000-799,999			9,085,619	12
800,000-899,999			13,701,092	16
900,000-999,999			9,475,379	10
1,000,000 and Over	3,715,414	2	48,121,410	33

(1) A blank cell represents a zero value.

Table 2.12
Number of Full-Time Equivalent Physicians by Specialty
For the Service Year April 1, 2002 - March 31, 2003

Physicians by Specialty	Number of Physicians	Number of Full-Time Equivalent Physicians [2]	Proportion of Full Time Equivalent Physicians		Average Payment Per Full-Time Equivalent Physician	Number of Registered Persons Per Full-Time Equivalent Physician
			Above 60th Percentile	Below 40th Percentile		
All physicians (except Laboratory) [1]	4 955	4 428 0	34 6	47 7	$247 442	706
All specialists (except GP/FPs and Laboratory)	2 114	1 871 7	34 5	47 8	294 928	1 669
Physicians by Specialty						
Anaesthesiology	262	221 8	34 0	49 2	278 608	14 087
Cardiovascular and Thoracic Surgery	22	18 3	36 4	45 5	642 843	171 017
Dermatology	34	33 1	35 3	47 1	492 665	94 281
Emergency Medicine	62	61 0	38 7	43 5	181 481	51 238
General/Family Physicians (GP/FPs)	2 841	2 499 2	34 5	47 9	217 524	1 250
- General/Family Physicians	2 669	2 343 2	34 4	48 0	219 111	1 333
- Mental Health Generalist	19	16 4	36 8	47 4	169 566	190 634
- Full Time Emergency Room Physicians [3]	143	131 5	37 1	44 8	202 311	23 769
- Other General Practice Physicians	10	5 7	30 0	60 0	149 445	548 156
General Surgery	144	120 8	34 7	47 9	377 975	25 863
- General Surgery designated specialty	131	108 3	34 4	48 9	380 886	28 853
- Other General Surgery	13	13 1	46 2	38 5	336 139	237 784
Interal Medicine	483	420 3	33 3	49 9	282 927	7 434
- Internal Medicine designated specialty	256	213 8	32 0	52 0	255 176	14 614
- Cardiology	63	52 8	34 9	47 6	555 768	59 165
- Endocrinology/Metabolism	7	6 5	42 9	42 9	129 990	477 750
- Gastroenterology	40	31 8	32 5	52 5	362 883	98 223
- Infectious Diseases	10	12 1	40 0	40 0	63 668	258 222
- Other Internal Medicine	107	101 6	36 4	44 9	215 012	30 762
Neurology	58	50 6	34 5	48 3	193 995	61 785
Neurosurgery	23	18 4	34 8	47 8	282 538	169 441
Obstetrics-Gynaecology	130	114 2	35 4	46 2	397 753	27 372
Ophthalmology	87	84 7	37 9	43 7	581 798	36 871
Orthopaedic Surgery	113	90 5	33 6	49 6	337 695	34 532
Otolaryngology	35	34 9	40 0	42 9	499 222	89 476
Paediatrics	236	211 3	32 6	50 8	166 876	14 784
Physical Medicine and Rehabilitation	28	26 1	35 7	42 9	118 255	119 666
Plastic Surgery	42	37 1	35 7	47 6	363 795	84 263
Psychiatry	320	286 6	36 9	44 1	222 479	10 901
- Psychiatry designated specialty	306	273 4	36 6	44 1	223 420	11 429
- Mental Health specialty	14	14 3	42 9	35 7	188 696	219 262
Urology	35	33 5	40 0	40 0	394 051	93 324

(1) Laboratory physicians (Pathology and Radiology) are excluded.

(2) FTE methodology is as follows:

Definition of a Full-Time Equivalent Practitioner: The definition is based on the methodology developed in 1984 by Health Canada (Health Information Division).

Step 1: - Within each specialty or group of specialists, rank the amounts paid in ascending order; the lower and upper benchmarks are the payment values which correspond to the 40th and 60th percentile for those practitioners with claims in all four quarters of the fiscal year.

Step 2: - Count all physicians with payments within the lower and upper benchmark as one FTE.

- Count all physicians with payments below the lower benchmark as a fraction of a FTE equal to the ratio of his/her payments to the lower benchmark.
- Count all physicians with payments above the upper benchmark using a log-linear relationship, as 1 FTE plus the natural logarithm of the ratio of his/her payments to the upper benchmark. The reason for attributing diminishing weight to payments above the upper benchmark is to prevent outliers from seriously biasing the measure. This is not necessary on the lower benchmark because payments less than zero are not recorded and, as such, a natural barrier exists to prevent bias at the lower end.
- Since these calculations are not made in direct comparison of other jurisdictions, the benchmarks have not been deflated by fee schedule increases.

(3) New specialty effective January 1, 2001.

Table 2.13
Distribution of Physician Payments by Type of Service and Specialty [1]
For the Service Year April 1, 2002 - March 31, 2003

Physicians by Specialty	Total	Consultations	Assessments		Hospital Care Days	Special Calls	Psycho-therapy/ Counselling
			Major	Other			
Total: All Physicians	$1,225,626,638	$130,154,448	$92,247,427	$351,816,175	$30,137,786	$35,748,610	$81,200,058
Subtotal							
All Physicians (except Pathology)	1,221,557,525	129,985,813	92,234,432	351,807,058	30,137,786	35,748,610	81,200,058
All Specialists (except GP/FPs and Pathology)	677,921,789	122,472,439	28,060,251	43,210,756	11,536,186	1,799,766	49,238,665
Physicians by Specialty							
Anaesthesiology	61,794,271	2,268,303	38,242	262,886	35,949	9,976	388,073
Cardiovascular and Thoracic Surgery	11,745,028	592,676	7,966	69,299	34,421	4,136	4,644
Dermatology	16,328,233	4,829,898	877,349	2,150,184	1,407	3,557	526
Emergency Medicine	11,066,897	967,834	187,412	4,103,847	278	39,239	339,326
General/Family Physicians (GP/FPs)	543,635,736	7,513,374	64,174,180	308,596,302	18,601,600	33,948,844	31,961,393
- General/Family Physicians	513,410,654	6,606,031	63,694,119	295,175,969	18,596,008	33,893,939	29,289,869
- Full Time Emergency Room Physicians	26,593,458	736,555	304,993	12,706,463	5,347	52,035	594,393
- Mental Health Generalists	2,779,318	116	144,412	87,872	122	2,754	2,076,668
- Other General Practice Physicians	852,306	170,671	30,657	625,998	123	116	462
General Surgery	45,663,648	10,488,363	315,468	2,696,769	631,822	74,378	12,257
- General Surgery designated specialty	41,246,546	9,425,947	299,187	2,582,824	601,569	72,275	12,070
- Other General Surgery	4,417,102	1,062,416	16,282	113,944	30,253	2,103	187
Internal Medicine	118,912,685	45,168,783	1,902,654	8,544,509	7,481,148	265,599	373,112
- Internal Medicine designated specialty	54,556,118	25,740,955	1,444,329	6,267,989	5,231,480	198,110	328,879
- Cardiology	29,351,365	6,463,348	71,263	413,537	995,207	30,376	384
- Critical Care Medicine	10,210,732	1,308,435	20,639	99,218	59,717	11,532	15,065
- Endocrinology/Metabolism	850,727	631,621	32,368	130,487	26,762		
- Gastroenterology	11,544,446	5,666,724	59,186	392,927	237,537	7,633	1,328
- Infectious Diseases	770,361	601,850	30,943	113,500	20,647	906	
- Other Internal Medicine	11,628,934	4,755,850	243,927	1,126,850	909,799	17,043	27,456
Neurology	9,810,553	7,845,995	74,203	496,301	440,903	13,622	4,272
Neurosurgery	5,210,010	529,238	68,090	96,653	48,778	420	
Obstetrics-Gynaecology	45,402,373	9,017,517	1,840,119	6,319,398	303,055	1,081,469	23,340
Ophthalmology	49,301,141	4,603,624	12,653,563	3,344,240	2,098	68,549	
Orthopaedic Surgery	30,553,709	7,003,975	278,697	2,525,967	141,440	16,219	12,866
Otolaryngology	17,435,281	3,822,634	401,111	929,520	11,936	28,808	633
Paediatrics	35,267,397	10,632,466	7,963,395	9,564,762	1,966,859	159,561	1,388,475
Physical Medicine and Rehabilitation	3,087,375	1,455,044	20,476	376,872	363,251	3,252	345,715
Plastic Surgery	13,487,755	1,998,094	371,170	716,012	12,047	9,276	
Psychiatry	63,769,619	7,741,042	854,770	48,382	12,062	6,573	46,268,008
- Psychiatry designated specialty	61,080,059	7,737,638	808,835	48,382	12,062	6,573	44,233,555
- Mental Health Specialists	2,689,559	3,404	45,934				2,034,453
Urology	13,194,393	3,501,790	165,497	943,933	48,732	14,335	9,648
Laboratory Specialists	129,960,536	173,798	53,064	30,338		795	67,769
- Pathology	4,069,112	168,636	12,996	9,116			
- Radiology	125,891,423	5,163	40,069	21,222		795	67,769

(1) The total for payments by specialty have been rounded

Continued.....

Table 2.13
Distribution of Physician Payments by Type of Service and Specialty [1]
For the Service Year April 1, 2002 - March 31, 2003

Physicians by Specialty	Major Surgery	Minor Surgery	Anaesthesia	Obstetrical Services	Diagnostic and Therapeutic Services - Radiology	Laboratory Services
Total: All Physicians	$172,303,462	$17,956,359	$13,083,369	$26,893,267	$101,910,521	$30,221,721
Subtotal						
All Physicians (except Pathology)	172,303,424	17,956,359	13,083,369	26,893,267	101,910,521	30,221,721
All Specialists (except GP/FPs and Pathology)	156,139,023	6,256,952	11,278,554	16,100,060	101,409,200	30,221,721
Physicians by Specialty						
Anaesthesiology	38,068,773	1,204,321	10,813,755	2,148,105	11,892	
Cardiovascular and Thoracic Surgery	10,753,491	1,097	71			
Dermatology	2,853,285	1,159,038	81,255			
Emergency Medicine	495,374	771,066	11,002	1,173		
General/Family Physicians (GP/FPs)	16,164,400	11,699,407	1,804,815	10,793,207	501,321	0
- General/Family Physicians	15,004,124	9,348,432	1,768,367	10,785,637	501,321	
- Full Time Emergency Room Physicians	1,160,276	2,337,897	36,438	7,569		
- Mental Health Generalists		610				
- Other General Practice Physicians		12,468	9			
General Surgery	25,181,098	577,022	3,875	61,080	355,961	252
- General Surgery designated specialty	22,399,514	554,079	3,875	61,080	14,338	
- Other General Surgery	2,781,584	22,942			341,623	252
Internal Medicine	4,305,825	278,300	11,567	4,585	4,061,112	2,913,412
- Internal Medicine designated specialty	143,137	230,069	2,350	315	253,255	
- Cardiology	3,547,127		77		3,788,546	2,913,412
- Critical Care Medicine	575,474	17,644	5,216	596		
- Endocrinology/Metabolism					18,794	
- Gastroenterology	13,079	28,136	584		73	
- Infectious Diseases						
- Other Internal Medicine	27,008	2,452	3,340	3,674	444	
Neurology	87	1,468	3,533		1,749	
Neurosurgery	4,443,928	926	1,070			
Obstetrics-Gynaecology	6,967,453	33,658	2,776	13,866,236	1,857,664	
Ophthalmology	20,150,138	162,246	32		1,849,223	
Orthopaedic Surgery	20,078,308	86,406	56,133	860	39	
Otolaryngology	5,837,386	1,392,968				
Paediatrics	318,840	155,183	2,423	13,019	4,944	
Physical Medicine and Rehabilitation	222		62,263			
Plastic Surgery	9,667,381	411,530	1,114	719		
Psychiatry		123				
- Psychiatry designated specialty						
- Mental Health Specialists		123				
Urology	5,531,429	15,909	194	1,792		
Laboratory Specialists	1,486,044	5,691	227,490	2,491	93,266,616	27,308,056
- Pathology	39					
- Radiology	1,486,005	5,691	227,490	2,491	93,266,616	27,308,056

Continued.....

Table 2.13
Distribution of Physician Payments by Type of Service and Specialty [1]
For the Service Year April 1, 2002 - March 31, 2003

Physicians by Specialty	Other Diagnostic and Therapeutic Services	Special Services	Miscellaneous Services
Total: All Physicians	$114,784,128	$2,005,644	$25,163,662
Subtotal			
All Physicians (except Pathology)	110,907,888	2,003,569	25,163,652
All Specialists (except GP/FPs and Pathology)	90,081,456	208,328	9,908,431
Physicians by Specialty			
Anaesthesiology	5,604,408	2,838	936,751
Cardiovascular and Thoracic Surgery	276,961		265
Dermatology	4,371,585	43	104
Emergency Medicine	4,150,207	18	120
General/Family Physicians (GP/FPs)	20,826,432	1,795,241	15,255,221
- General/Family Physicians	12,169,229	1,793,252	14,784,356
- Full Time Emergency Room Physicians	8,649,149	318	2,024
- Mental Health Generalists	76	104	466,584
- Other General Practice Physicians	7,978	1,567	2,256
General Surgery	5,260,129	1,010	4,162
- General Surgery designated specialty	5,214,699	1,010	4,076
- Other General Surgery	45,430		86
Internal Medicine	43,292,312	60,188	249,577
- Internal Medicine designated specialty	14,640,443	7,584	67,224
- Cardiology	11,126,670	31	1,386
- Critical Care Medicine	8,076,947		20,250
- Endocrinology/Metabolism	10,695		
- Gastroenterology	5,118,793	456	17,991
- Infectious Diseases	2,376		139
- Other Internal Medicine	4,316,387	52,117	142,587
Neurology	899,256	28,175	989
Neurosurgery	10,436		10,471
Obstetrics-Gynaecology	4,011,960	71,642	6,085
Ophthalmology	6,466,666		762
Orthopaedic Surgery	191,980	11,662	149,156
Otolaryngology	5,001,785	2,325	6,176
Paediatrics	2,839,824	10,497	247,149
Physical Medicine and Rehabilitation	443,975	16,110	194
Plastic Surgery	295,143		5,269
Psychiatry	553,996	413	8,284,250
- Psychiatry designated specialty	552,108	413	7,680,492
- Mental Health Specialists	1,887		603,758
Urology	2,953,362	1,091	6,681
Laboratory Specialists	7,333,713	4,389	280
- Pathology	3,876,241	2,075	10
- Radiology	3,457,472	2,315	270

Table 2.14
Physician Services and Payments Per 1,000 Insured Persons by Type of Service, Age and Gender of Recipient
For the Service Year April 1, 2002 - March 31, 2003

Age and Gender / Service Type		All Age Groups		Under 1		1 - 4		5 - 14		15 - 24	
		Services	Amount Paid ($)	Services	Amount Paid ($)	Services	Amount Paid ($)	Services	Amount Paid ($)	Services	Amount Paid ($)
Total	F	11,132	$465,098	9,293	$456,655	6,181	$242,396	4,196	$148,009	8,303	$325,108
	M	7,638	319,318	10,338	517,406	7,051	281,533	4,697	169,324	4,369	171,994
Consultations	F	498	46,154	722	87,232	281	25,206	209	16,385	316	27,067
	M	397	37,152	867	103,557	375	32,610	292	21,632	195	16,281
Major Assessment	F	633	35,503	1,594	101,403	630	37,265	321	18,501	471	25,848
	M	405	23,536	1,615	103,628	670	40,162	338	19,718	193	10,846
Other Assessment	F	4,627	134,732	4,590	144,889	3,845	119,340	2,146	64,826	4,082	121,356
	M	3,046	90,433	4,938	156,882	4,134	128,773	2,104	63,911	1,926	57,963
Hospital Care Days	F	443	10,446	1,048	32,609	146	4,158	43	1,189	97	2,410
	M	363	8,844	1,212	37,156	174	4,983	42	1,168	67	1,641
Special Calls	F	117	13,225	103	13,159	110	14,200	59	7,213	114	14,456
	M	83	9,655	122	15,136	126	16,251	65	7,967	67	8,599
Psychotherapy/ Counselling	F	1,082	31,404	14	528	47	1,633	221	6,888	748	22,620
	M	682	20,564	14	521	73	2,440	415	13,469	541	17,514
Major Surgery	F	704	55,098	289	27,550	182	14,967	167	12,816	288	21,081
	M	662	55,194	444	41,893	295	23,605	207	16,306	367	25,730
Minor Surgery	F	76	4,516	22	1,195	77	5,688	66	4,314	73	4,339
	M	106	6,979	34	1,906	121	9,132	96	6,761	129	9,055
Anaesthesiology	F	310	7,102	43	1,284	211	4,734	85	1,882	463	9,956
	M	42	1,268	56	1,831	246	5,607	95	2,068	14	365
Obstetrical Services	F	109	17,201					--	207	184	28,769
	M										
Therapeutic Services, Radiology	F	673	48,245	33	1,635	70	2,563	118	4,617	346	24,251
	M	319	16,964	46	2,240	83	2,756	129	4,356	196	7,663
Laboratory Services	F	76	14,596			--	21	2	396	7	1,535
	M	19	4,742			--	48	1	257	5	1,157
Other Diagnostic and Therapeutic Services	F	1,378	37,098	825	44,903	560	12,129	692	6,865	899	16,507
	M	1,221	36,376	978	52,137	725	14,336	793	7,999	532	10,961
Special Services	F	116	833	4	29	9	102	12	96	80	594
	M	65	417	--	43	10	105	13	123	15	99
Miscellaneous Services	F	293	8,944	7	241	13	390	54	1,813	137	4,319
	M	229	7,195	9	477	19	728	106	3,588	122	4,120

Continued...

Table 2.14
Physician Services and Payments Per 1,000 Insured Persons by Type of Service, Age and Gender of Recipient
For the Service Year Ended April 1, 2002 - March 31, 2003

Service Type \ Age and Gender		25 - 44		45 - 64		65 - 74		75 and Older	
		Services	Amount Paid ($)	Services	Amount Paid ($)	Services	Amount Paid ($)	Services	Amount Paid ($)
Total	F	11,397	$470,704	12,968	$555,597	17,879	$821,262	24,085	$1,024,107
	M	5,599	219,847	9,115	391,674	17,276	805,881	25,657	1,137,058
Consultations	F	485	43,361	603	56,113	888	88,021	1,043	108,566
	M	259	23,267	477	46,305	975	97,652	1,289	134,126
Major Assessment	F	618	32,973	696	37,428	916	53,636	1,135	73,507
	M	234	12,924	444	24,802	814	48,645	1,329	83,543
Other Assessment	F	4,884	142,392	5,147	148,145	7,025	202,811	6,721	182,787
	M	2,402	71,135	3,620	106,325	6,344	185,608	5,929	168,389
Hospital Care Days	F	141	3,391	305	7,372	1,138	27,222	3,973	89,045
	M	99	2,419	316	7,839	1,271	30,873	3,985	91,828
Special Calls	F	106	12,744	73	8,315	128	13,242	501	46,891
	M	54	6,791	64	7,310	140	14,609	422	41,519
Psychotherapy/ Counselling	F	1,396	39,490	1,694	48,967	1,031	31,313	969	29,628
	M	791	23,120	916	26,935	719	22,212	901	27,764
Major Surgery	F	606	43,397	1,000	74,631	1,744	150,103	1,877	172,952
	M	437	33,704	880	74,373	2,146	191,068	2,489	230,233
Minor Surgery	F	72	4,204	81	4,589	90	5,114	103	4,769
	M	100	6,622	97	5,927	119	6,950	144	8,008
Anaesthesiology	F	673	14,802	29	1,293	39	2,100	37	2,181
	M	13	532	19	930	42	2,205	48	2,589
Obstetrical Services	F	262	41,648	1	133	--	5	--	6
	M								
Therapeutic Services, Radiology	F	683	52,555	1,097	78,932	1,296	90,754	1,081	72,285
	M	273	13,148	447	25,233	767	50,273	875	58,066
Laboratory Services	F	24	5,055	180	33,492	274	52,112	181	35,005
	M	10	2,494	32	8,319	75	18,981	79	19,642
Other Diagnostic and Therapeutic Services	F	1,212	29,548	1,764	50,665	2,849	98,365	2,928	106,552
	M	774	19,489	1,597	53,231	3,472	131,318	4,455	168,020
Special Services	F	94	846	152	999	315	1,982	340	2,111
	M	32	197	93	591	269	1,691	365	2,268
Miscellaneous Services	F	143	4,296	144	4,523	145	4,482	3,196	96,610
	M	122	4,007	112	3,553	124	3,795	3,347	101,065

Table 2.15
Percentage Changes in the Schedule of Medical Benefits by Specialty, April 1, 1999 to March 31, 2003

Specialty \ Effective Date	Apr. 1 1999	Apr. 1 2000	Apr. 1 2001	Nov. 1 2001	Apr. 1 2002	Oct. 1 2002
	(%)	(%)	(%)	(%)	(%)	(%)
All Physicians	2.0	3.0	6.3	3.4	10.9	2.0
General Practice	3.0	2.2	8.1	3.1	10.4	2.0
Anaesthesiology	1.9	1.4	4.4	4.0	12.0	2.0
Dermatology	0.0	1.6	5.3	2.4	9.2	2.0
General Surgery	1.2	5.2	4.6	3.4	10.3	2.0
Urology	0.9	4.3	4.7	3.2	11.5	2.0
Internal Medicine	1.1	1.7	5.1	3.6	13.5	2.0
Neurology	0.8	2.3	4.7	5.3	15.5	2.0
Neurosurgery	0.6	3.4	4.5	3.1	11.1	2.0
Obstetrics & Gynaecology	2.8	3.6	5.3	3.5	12.0	2.0
Ophthalmology	0.1	3.4	6.2	2.3	9.6	2.0
Otolaryngology	0.2	4.2	4.9	2.8	10.7	2.0
Orthopaedic Surgery	0.8	8.4	5.0	3.7	12.2	2.0
Paediatrics	3.0	2.9	6.8	4.8	15.1	2.0
Psychiatry	2.1	1.8	4.4	5.7	16.9	2.0
Plastic Surgery	0.5	9.1	4.8	4.1	13.1	2.0
Physical Medicine and Rehabilitation	4.4	3.2	4.9	4.9	15.3	2.0
Thoracic Surgery	0.3	3.4	4.4	2.5	9.3	2.0
Allergy	n.a.	n.a.	n.a	n.a.	n.a.	n.a.
Emergency Medicine	1.9	2.1	4.5	4.4	13.6	2.0
Laboratory/Pathology	N/A	N/A	4.4	3.5	12.1	2.0
Laboratory/Radiology	N/A	0.5	4.4	2.5	10.2	2.0

Table 2.16
Basic Health Services
Percentage Changes in the Schedules of Benefits, April 1, 1999 to March 31, 2003

Type of Practitioner / Effective Date	Medical	Dental/Oral Surgeons	Chiropractors	Optometrists	Podiatrists
	(%)	(%)	(%)	(%)	(%)
April 1, 1999	2.00	Nil	Nil	Nil	Nil
April 1, 2000	3.00	Nil	Nil	Nil	Nil
January 15, 2001	Nil	Nil	Nil	3.03	Nil
April 1, 2001	6.30	Nil	Nil	1.90	Nil
August 1, 2001	Nil	8.08	Nil	Nil	Nil
November 1, 2001	3.40	Nil	Nil	Nil	Nil
April 1, 2002	10.90	Nil	Nil	2.00	Nil
October 1, 2002	2.00	Nil	Nil	Nil	Nil

Table 2.17
Out-of-Country Basic Health Services
Distribution of Payments, Number of Services and Discrete Patients[1]
For the Service Year April 1, 2002 - March 31, 2003

Practitioner Type	Total Out-of-Country			United States			Out-of-Country (except United States)		
	Number of Services	Discrete Patients	Payments	Number of Services	Discrete Patients	Payments	Number of Services	Discrete Patients	Payments
Total	21,289	7,899	$976,232	12,498	4,353	$634,897	8,791	3,582	$341,335
Physicians[2]	20,641	7,751	964,464	11,974	4,216	624,772	8,667	3,568	339,691
Dental/Oral Surgeons	7	4	2,453	7	4	2,453	0	0	0
Chiropractors	575	181	7,348	461	153	5,912	114	31	1,435
Optometrists	16	15	537	12	11	455	4	4	82
Podiatrists	50	27	1,430	44	23	1,304	6	4	126

(1) The total discrete patients is a discrete overall patient count and not a sum.

(2) Does not include physician services which were paid under the Out-of-Country Health Services Program

Table 2.18
Out-of-Country Health Services Program
Applications Reviewed
For the Service Years Ended March 31, 2000 to March 31, 2003

Type of Service	Status of Applications											
	Received				Approved				Refused			
	1999/2000	2000/2001	2001/2002	2002/2003	1999/2000	2000/2001	2001/2002	2002/2003	1999/2000	2000/2001	2001/2002	2002/2003
Required services not available in Alberta	119	192	132	101	85	107	50	45	34	85	82	56

Table 2.19
Out-of-Country Health Services Program
Payments Made for Approved Applications
For the Service Years Ended March 31, 2000 to March 31, 2003

Type of Service	Amount Paid											
	Total				Medical Services				Hospital Services			
	1999/2000	2000/2001	2001/2002	2002/2003	1999/2000	2000/2001	2001/2002	2002/2003	1999/2000	2000/2001	2001/2002	2002/2003
Required services not available in Alberta	$3,078,863	$3,229,383	$2,642,037	$4,281,647	$1,047,470	$1,404,426	$888,746	$916,495	$2,031,393	$1,824,957	$1,753,291	$3,365,152

SECTION 3: REGIONAL DATA

Summary and Explanatory Notes

SUMMARY

Seventeen regional health authorities were established by the Alberta government in 1994. The statistics in this section provide regional breakdowns for the registered population, physician payments, payments by disease classification, and average payments to physicians. This data has not been included in any of the previous data.

A breakdown of expenditures for allied practitioners is also provided.

EXPLANATORY NOTES

Data methodology in this section differs slightly from that used in other sections. Statistics listed in this section may not exactly correspond with data appearing elsewhere in the Statistical Supplement. The number of practitioners listed is the number of practitioners who have provided services in that particular region; not the number of full-time practitioners. A practitioner may work in several regions.

Data are provided on a "service location" basis, which means the health region where the service was actually provided. "Recipient location" means the region where the person receiving the service lives, according to the AHCIP registration data.

The distribution of physician payments by "service location" rather than "recipient location" affects the data. Large regions often attract patients from smaller, rural areas which affects statistics on health services and payments for both. This point is amply illustrated in Table 3.2 in its breakdown of medical payments to physicians by service location and recipient location.

Data in this section are based on the health region and recipient location as of the day the service was provided. Regional boundaries are subject to change, therefore, year-over-year comparisons by region need to be interpreted with caution. Figure 7 shows the boundaries in place on April 1, 2001, noted on the map of Alberta.

17. Northwestern
16. Northern Lights
14. Peace
15. Keeweetinok
13. Mistahia
11. Aspen
*12. Lakeland
8. Westview
10 Capital
9. Crossroads
7. East Central
6. David Thompson
5. RHA #5
4. Calgary Health Region
3. Headwaters
2. Palliser
1. Chinook
Health Regions
May 2001
Health Region
Municipal Boundaries
Alberta
HEALTH AND WELLNESS
* Lakeland Health Region 12 includes the City of Fort Saskatchewan

Table 3.1
Distribution of Population Covered by Service Location Health Region
As of March 31, 2003 (1)

Service Location Health Region	Registered Population		
	Total	Male	Female
Total	3,124,487	1,561,027	1,563,460
01 Chinook	152,532	75,552	76,980
02 Palliser	96,756	48,633	48,123
03 Headwaters	83,664	42,175	41,489
04 Calgary	1,006,521	501,824	504,697
05 Health Region 5	57,147	28,720	28,427
06 David Thompson	196,472	98,155	98,317
07 East Central	103,552	51,305	52,247
08 WestView	97,272	49,378	47,894
09 Crossroads	49,364	24,851	24,513
10 Capital	865,941	428,721	437,220
11 Aspen	101,761	51,831	49,930
12 Lakeland	98,973	49,628	49,345
13 Mistahia	93,293	47,699	45,594
14 Peace	24,984	12,738	12,246
15 Keeweetinok Lakes	26,915	13,712	13,203
16 Northern Lights	47,854	25,024	22,830
17 Northwestern	21,245	10,942	10,303
00 Unknown	241	139	102

(1) The population figures are as of March 31, 2003, calculated in July 2003.

Table 3.2
Distribution of Payments to Physicians by Service Location Health Region and Recipient Location Health Region
For the Service Year April 1, 2002 - March 31, 2003

Service Location Health Region	Recipient Health Region						
	All Health Regions	Chinook	Palliser	Headwaters	Calgary	Region 5	David Thompson
Total	$1,225,626,637	$60,184,133	$39,918,973	$30,754,452	$400,931,747	$21,267,309	$72,059,998
Chinook	56,700,585	**52,073,189**	1,011,875	1,550,155	945,432	127,756	172,480
Palliser	34,261,209	350,215	**32,558,208**	73,495	413,092	258,942	101,291
Headwaters	18,152,823	253,805	76,487	**14,618,645**	2,364,481	138,988	166,735
Calgary	439,635,996	6,499,791	5,534,768	13,804,543	**389,619,573**	10,020,131	7,646,752
Region 5	9,993,262	35,040	71,600	58,177	795,601	**8,378,728**	390,578
David Thompson	67,959,251	197,963	134,144	182,187	1,562,885	1,830,699	**57,156,340**
East Central	23,560,086	30,678	48,109	26,165	171,070	83,139	378,388
WestView	20,760,733	24,771	16,102	22,823	110,654	13,350	104,164
Crossroads	13,117,237	19,516	13,630	16,905	93,754	13,469	455,660
Capital	440,442,896	518,477	350,003	260,299	3,675,256	280,729	5,076,163
Aspen	15,909,040	14,782	17,520	8,909	144,967	12,451	67,764
Lakeland	26,310,111	31,263	17,313	10,358	155,532	21,926	90,995
Mistahia	24,528,478	36,919	19,127	17,891	185,661	22,198	86,640
Peace	6,329,818	16,989	4,802	3,855	159,736	7,371	19,563
Keeweetinok Lakes	6,775,274	10,005	4,108	8,393	33,498	3,266	26,312
Northern Lights	13,100,485	15,625	17,778	10,454	153,415	14,601	51,219
Northwestern	3,805,065	6,711	2,091	1,613	9,817	2,142	12,452
Unknown	4,284,287	48,397	21,309	79,586	337,324	37,422	56,503

Continued.....

Table 3.2
Distribution of Payments to Physicians by Service Location Health Region and Recipient Location Health Region
For the Service Year April 1, 2002 - March 31, 2003

Service Location Health Region	Recipient Health Region							
	East Central	WestView	Crossroads	Capital	Aspen	Lakeland	Mistahia	Peace
Total	$38,991,215	$35,425,534	$20,115,239	$362,083,322	$36,994,355	$38,102,961	$27,211,387	$8,165,701
Chinook	75,199	41,489	36,405	353,445	46,149	57,509	51,936	17,687
Palliser	82,226	31,851	28,283	167,226	22,239	45,170	37,765	3,421
Headwaters	39,842	55,689	27,124	260,812	27,758	29,593	13,106	6,704
Calgary	1,273,296	271,999	262,688	2,737,404	305,226	259,344	329,528	91,130
Region 5	119,880	12,102	8,822	63,086	10,052	12,548	13,299	1,809
David Thompson	2,396,288	403,591	1,731,104	1,522,173	175,377	174,444	191,194	55,271
East Central	**20,773,299**	46,041	375,479	732,450	63,043	637,620	45,872	19,160
WestView	56,868	**15,891,212**	409,792	2,394,602	1,311,660	78,628	206,789	14,740
Crossroads	440,461	719,114	**10,368,175**	725,052	71,174	77,133	35,368	12,830
Capital	10,459,648	17,173,711	6,661,087	**347,890,709**	19,638,488	14,677,616	4,399,078	1,663,970
Aspen	43,225	413,695	29,901	768,111	**13,797,878**	244,002	141,380	15,508
Lakeland	428,076	106,129	78,246	2,685,457	1,069,010	**21,360,087**	39,245	15,726
Mistahia	43,770	82,629	24,750	320,583	87,435	42,635	**21,285,722**	1,132,340
Peace	10,909	11,894	6,572	390,919	23,909	18,010	237,317	**4,990,716**
Keeweetinok Lakes	13,281	20,095	15,698	206,891	168,605	38,576	105,211	74,938
Northern Lights	28,965	37,564	8,251	400,812	68,187	125,561	24,166	7,436
Northwestern	6,077	6,278	4,446	77,213	12,011	17,458	32,545	35,774
Unknown	2,699,904	100,452	38,414	386,379	96,156	207,026	21,867	6,541

Continued.....

Table 3.2
Distribution of Payments to Physicians by Service Location Health Region and Recipient Location Health Region
For the Service Year April 1, 2002 - March 31, 2003

Service Location Health Region	Recipient Health Region			
	Keeweetinok Lakes	Northern Lights	Northwestern	Unknown
Total	$10,025,289	$16,077,664	$5,592,325	$1,725,032
Chinook	23,631	27,184	8,642	80,421
Palliser	8,574	22,488	3,331	53,394
Headwaters	5,069	26,272	3,209	38,503
Calgary	80,475	277,270	56,774	565,306
Region 5	4,567	4,344	2,137	10,892
David Thompson	32,105	84,301	29,377	99,809
East Central	12,191	22,563	11,866	82,954
WestView	31,846	37,383	14,793	20,557
Crossroads	13,019	12,326	11,198	18,454
Capital	2,790,922	3,214,374	1,167,029	545,338
Aspen	93,084	54,833	11,361	29,669
Lakeland	49,362	109,737	11,776	29,872
Mistahia	548,596	17,858	533,308	40,416
Peace	281,683	5,388	128,712	11,473
Keeweetinok Lakes	**5,993,535**	16,191	31,555	5,116
Northern Lights	18,352	**12,077,942**	14,557	25,600
Northwestern	26,768	4,571	**3,544,481**	2,618
Unknown	11,510	62,637	8,221	**64,641**

Table 3.3
Distribution of Payments by International Classification of Diseases by Service Location Health Region
For the Service Year April 1, 2002 - March 31, 2003

Service Location / Health Region / International Classification of Diseases	All Health Regions	Chinook	Palliser	Head-waters	Calgary	Region 5
Total	$1,225,626,637	$56,700,585	$34,261,209	$18,152,823	$439,635,996	$9,993,262
Infectious and Parasitic Diseases	20,750,875	911,669	688,271	481,736	6,859,852	282,488
Neoplasms	41,075,679	1,946,727	942,661	403,353	16,543,071	237,534
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	31,794,841	1,710,758	1,240,544	423,292	9,852,628	403,692
Diseases of Blood and Blood Forming Organs	5,269,686	230,720	239,532	73,455	2,180,059	77,552
Mental Disorders	125,634,075	5,370,405	3,401,795	1,985,295	43,203,702	693,122
Diseases of the Nervous System and Sense Organs	89,154,878	4,053,375	2,646,366	921,411	34,609,794	537,581
Diseases of the Circulatory System	93,643,461	3,689,756	2,325,587	1,186,686	35,685,334	881,637
Diseases of the Respiratory System	88,431,517	4,553,467	2,629,177	1,680,523	28,337,525	1,124,130
Diseases of the Digestive System	49,617,920	2,816,062	1,698,517	883,940	15,380,725	489,158
Diseases of the Genitourinary System	61,090,299	3,368,797	1,866,986	853,978	23,701,945	462,067
Complications of Pregnancy, Childbirth and the Puerperium	35,698,933	1,682,556	907,219	457,611	14,199,493	228,626
Diseases of the Skin and Subcutaneous Tissue	37,282,285	1,686,331	1,077,867	701,585	12,981,741	411,089
Diseases of the Musculosketal System and Connective Tissue	65,717,069	3,970,083	2,020,353	1,305,833	21,088,662	666,490
Congenital Anomalies	4,954,306	76,629	40,661	15,899	1,861,470	4,143
Certain Conditions Originating in the Perinatal Period	5,585,616	335,345	214,079	31,898	1,718,012	9,658
Symptoms, Signs and Ill-Defined Conditions	121,237,414	5,454,073	3,460,577	2,127,226	43,797,151	1,265,142
Injury and Poisoning	73,046,983	3,562,274	1,751,375	1,987,641	21,731,115	1,093,731
Non-Standard Diagnostic Codes	84,505,351	3,077,648	2,473,329	1,647,961	29,718,616	1,020,961
Unknown Diagnostic Chapter	191,135,450	8,203,909	4,636,314	983,501	76,185,101	104,462

Continued.....

Table 3.3
Distribution of Payments by International Classification of Diseases by Service Location Health Region
For the Service Year April 1, 2002 - March 31, 2003

Service Location Health Region / International Classification of Diseases	David Thompson	East Central	WestView	Crossroads	Capital	Aspen
Total	$67,959,251	$23,560,086	$20,760,733	$13,117,237	$440,442,896	$15,909,040
Infections and Parasitic Diseases	1,190,490	492,364	518,754	392,212	6,408,650	455,365
Neoplasms	1,920,530	608,803	386,115	162,973	15,525,983	301,734
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	1,688,818	756,746	706,584	410,485	11,272,500	600,417
Diseases of Blood and Blood Forming Organs	280,293	125,044	84,778	64,891	1,420,731	84,779
Mental Disorders	9,172,512	2,082,379	1,306,428	918,876	49,482,909	1,091,849
Diseases of the Nervous System and Sense Organs	3,773,394	1,316,115	964,152	826,927	32,605,277	969,944
Diseases of the Circulatory System	4,094,588	1,844,428	1,047,761	871,205	35,505,808	1,343,831
Diseases of the Respiratory System	5,010,067	2,017,587	1,954,380	1,925,870	28,497,360	1,931,293
Diseases of the Digestive System	3,344,286	1,466,833	682,525	693,206	15,992,777	786,785
Diseases of the Genitourinary System	3,949,837	1,013,475	951,988	704,898	19,168,772	725,378
Complications of Pregnancy, Childbirth and the Puerperium	1,881,219	619,377	337,923	448,068	10,462,518	429,634
Diseases of the Skin and Subcutaneous Tissue	2,166,427	931,325	728,993	571,381	12,304,620	632,676
Diseases of the Musculoskeletal System and Connective Tissue	3,975,388	1,986,527	1,066,496	796,966	22,237,499	1,165,857
Congenital Anomalies	72,036	17,042	9,899	8,360	2,706,836	7,867
Certain Conditions Originating in the Perinatal Period	378,879	60,507	18,871	32,239	2,168,540	32,483
Symptoms, Signs and Ill Defined Conditions	7,562,499	2,935,639	2,786,501	1,720,099	38,896,521	1,744,363
Injury and Poisoning	4,520,829	1,765,241	1,919,387	1,288,657	24,727,664	1,512,308
Non-Standard Diagnostic Codes	4,690,199	2,199,122	1,700,849	946,419	27,535,806	1,604,790
Unknown Diagnostic Chapter	8,286,961	1,321,533	3,588,348	333,506	83,522,125	487,685

Continued.....

Table 3.3
Distribution of Payments by International Classification of Diseases by Service Location Health Region
For the Service Year April 1, 2002 - March 31, 2003

International Classification of Diseases \ Service Location Health Region	Lakeland	Mistahia	Peace	Keeweetinok Lakes	Northern Lights	North-western	Unknown
Total	$26,310,111	$24,528,478	$6,329,818	$6,775,274	$13,100,485	$3,805,065	$4,284,287
Infections and Parasitic Diseases	653,173	548,544	190,914	186,615	300,822	100,097	88,862
Neoplasms	513,009	881,114	86,480	70,035	249,216	35,060	261,280
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	910,071	663,612	192,156	248,615	482,893	103,506	127,523
Diseases of Blood and Blood Forming Organs	133,066	115,188	28,688	31,573	63,111	16,977	19,250
Mental Disorders	1,864,023	2,150,878	316,465	445,170	1,198,999	215,566	733,703
Diseases of the Nervous System and Sense Organs	2,106,532	2,279,006	312,303	336,113	422,752	223,681	250,154
Diseases of the Circulatory System	1,980,548	1,323,215	393,541	328,745	730,702	154,354	255,737
Diseases of the Respiratory System	2,833,503	1,846,301	763,805	1,228,658	1,250,889	527,824	319,159
Diseases of the Digestive System	1,779,228	1,526,040	277,640	431,520	772,144	213,446	383,090
Diseases of the Genitourinary System	1,293,664	1,322,162	259,008	377,694	699,863	207,778	162,011
Complications of Pregnancy, Childbirth and the Puerperium	851,798	925,885	386,071	225,061	990,780	438,491	226,603
Diseases of the Skin and Subcutaneous Tissue	1,073,531	743,222	222,872	339,806	455,822	136,035	116,962
Diseases of the Musculosketal System and Connective Tissue	1,817,838	1,626,221	387,303	606,431	638,122	211,260	149,739
Congenital Anomalies	18,365	62,216	4,213	4,606	21,217	4,758	18,091
Certain Conditions Originating in the Perinatal Period	45,812	348,459	22,984	16,667	104,092	32,610	14,481
Symptoms, Signs and Ill Defined Conditions	2,733,497	2,469,018	1,015,915	546,250	1,922,447	432,009	368,486
Injury and Poisoning	2,225,489	2,027,224	627,516	804,179	806,235	338,357	357,761
Non-Standard Diagnostic Codes	2,297,288	2,268,164	617,009	539,930	1,470,257	406,615	290,389
Unknown Diagnostic Chapter	1,179,677	1,402,011	224,939	7,608	520,122	6,643	141,006

Table 3.4
Distribution of Physicians With Total Payments of $10,000 and Over and Average Payments by Service Location Health Region
For the Service Year April 1, 2002 - March 31, 2003

Service Location Health Region	Total			General/Family Physicians			Specialists [2]		
	Number of Physicians[1]	Amount Paid[3]	Average Payments	Number of Physicians[1]	Amount Paid[3]	Average Payments	Number of Physicians[1]	Amount Paid[3]	Average Payments
Total	5,220	1,091,436,620	$209,087	3,000	$540,950,035	$180,317	2,220	$550,486,585	$247,967
By Health Region									
Chinook	220	51,395,901	233,618	142	28,363,480	199,743	78	23,032,421	295,287
Palliser	117	30,870,814	263,853	67	17,901,220	267,182	50	12,969,594	259,392
Headwaters	137	17,666,055	128,949	104	14,593,410	140,321	33	3,072,645	93,110
Calgary	1,817	387,846,496	213,454	901	158,798,816	176,247	916	229,047,680	250,052
Region 5	66	9,745,767	147,663	59	9,095,301	154,158	7	650,466	92,924
David Thompson	285	62,709,146	220,032	182	39,529,960	217,198	103	23,179,185	225,041
East Central	131	22,092,745	168,647	107	19,049,422	178,032	24	3,043,323	126,805
WestView	116	17,151,826	147,861	98	15,860,455	161,841	18	1,291,371	71,743
Crossroads	63	12,920,792	205,092	45	10,923,728	242,750	18	1,997,063	110,948
Capital	1,666	381,076,537	228,737	829	146,763,999	177,037	837	234,312,538	279,943
Aspen	109	15,562,727	142,777	93	14,869,060	159,882	16	693,667	43,354
Lakeland	140	25,815,088	184,393	109	22,177,439	203,463	31	3,637,649	117,344
Mistahia	117	23,425,317	200,216	82	15,554,031	189,683	35	7,871,286	224,894
Peace	41	5,894,975	143,780	40	5,868,371	146,709	1	26,604	26,604
Keewestinok Lakes	44	6,722,007	152,773	41	6,676,668	162,846	3	45,339	15,113
Northern Lights	56	12,930,474	230,901	41	8,805,167	214,760	15	4,125,307	275,020
Northwestern	24	3,761,212	156,717	21	3,643,282	173,490	3	117,931	39,310
Unknown	71	3,848,742	54,208	39	2,476,226	63,493	32	1,372,516	42,891

(1) Physicians providing services in multiple health regions are counted multiple times. This report reflects discrete physician counts within region.

(2) Excludes laboratory specialists because billings for more than one physician may be included under one physician billing number.

(3) The totals for payments may not add due to rounding.

Table 3.5
Number of General Family Physicians by Payment Range and Service Location Health Region[1]
For the Service Year April 1, 2002 - March 31, 2003

Service Location / Health Region / Dollar Range	All Health Regions	Chinook	Palliser	Head-waters	Calgary	Region 5	David Thompson	East Central	WestView	Cross-roads	Capital	Aspen
Total	4,736	205	128	188	1133	114	245	213	193	70	1,089	190
Less than $10,000	1,736	63	61	84	232	55	63	106	95	25	260	97
10,000- 19,999	185	8	6	6	39	6	6	20	8	1	29	7
20,000- 39,999	197	10	2	12	41	7	7	9	11	1	43	13
40,000- 59,999	179	8		10	54	6	6	4	5	4	46	9
60,000- 79,999	165	5	2	12	51	2	4	7	2	2	54	5
80,000- 99,999	177	6	1	8	65	6	4	4	6	5	54	4
100,000-119,999	161	4	4	6	60	1	6	5	4	1	52	5
120,000-139,999	162	3	1	3	61	5	8	2	4		57	2
140,000-159,999	191	4	1	7	76	1	9	2	8		65	4
160,000-179,999	183	11	3	3	59	2	15	3	5	4	63	3
180,000-199,999	182	9	2	5	76		6	4	5	3	53	7
200,000-299,999	759	47	13	25	208	15	78	19	33	6	214	20
300,000-399,999	321	19	20	7	71	6	28	20	5	12	68	13
400,000-499,999	103	7	11		24	2	3	8	2	5	23	1
500,000-599,999	22	1	1		12		1				4	
600,000-699,999	7				2						2	
700,000-799,999	5				2		1				2	
800,000-899,999	1									1		
900,000-999,999	0											
1,000,000 and over	0											

(1) Physicians providing services in multiple health regions are counted multiple times. This report reflects discrete physician counts within region, where the physician payment was greater than 0 within health region.

Continued

Table 3.5
Number of General Family Physicians by Payment Range and Service Location Health Region [1]
For the Service Year April 1, 2002 - March 31, 2003

Service Location Health Region / Dollar Range	Lakeland	Mistahia	Peace	Keeweetinok Lakes	Northern Lights	Northwestern	Unknown
Total	190	141	130	65	50	35	357
Less than $10,000	81	59	90	24	9	14	318
10,000- 19,999	7	7	17	3	3	1	11
20,000- 39,999	15	11	2	5	3	1	4
40,000- 59,999	9	4		3	3	1	7
60,000- 79,999	3	4	1	2	1	2	6
80,000- 99,999	3	2		3		1	5
100,000-119,999	3	1		5	2	1	1
120,000-139,999	2	4	1	2	3	2	2
140,000-159,999	3	7	1	1	1	1	
160,000-179,999	3	3	2	2		1	1
180,000-199,999	5	3		2		2	
200,000-299,999	28	19	10	5	13	4	2
300,000-399,999	19	9	4	6	10	4	
400,000-499,999	7	6	1	2	1		
500,000-599,999	1	1	1				
600,000-699,999	1	1			1		
700,000-799,999							
800,000-899,999							
900,000-999,999							
1,000,000 and over							

Table 3.6
Number of Physicians by Specialty Within Health Region[1]
For the Service Year April 1, 2002 to March 31, 2003

Physicians by Specialty	Number of Physicians[2]			
	All Health Regions	Capital	Calgary	All Other Regions
Total: All Physicians	7,289	2,014	2,111	3,164
All Specialists (except GP/FPs & all laboratory specialists)	2,553	925	978	650
Physicians by Specialty				
Anaesthesiology	295	115	124	56
Cardiovascular and Thoracic Surgery	23	12	11	
Dermatology	44	14	18	12
Emergency Medicine	69	22	34	13
General/Family Physicians (GP/FPs)	4,736	1,089	1,133	2,514
General Surgery	169	52	58	59
Internal Medicine	568	213	236	119
Neurology	71	21	36	14
Neurosurgery	23	12	11	
Obstetrics-Gynaecology	167	57	55	55
Ophthalmology	106	39	40	27
Orthopaedic Surgery	134	40	55	39
Otolaryngology	43	16	15	12
Paediatrics	311	113	108	90
Physical Medicine & Rehabilitation	33	16	11	6
Plastic Surgery	48	13	24	11
Psychiatry	399	151	129	119
Urology	50	19	13	18

(1) Physicians may practice in multiple locations and may be counted in more than one region, where the payment is greater than 0.

(2) Excludes laboratory specialists because billings for more than one physician may be included under one physician billing number.

(3) Includes only those physicians with a payment greater than 0 within health region.

(4) A blank cell represents a zero value.

Table 3.7
Allied Health Services
Distribution of Services and Payments by Service Location Health Region[1]
For the Service Year April 1, 2002 - March 31, 2003

Service Location Health Region	Total		Chiropractors		Optometrists	
	Services	Payments	Services	Payments	Services	Payments
Total	3,640,251	$61,714,534	2,916,471	$36,911,951	420,149	$15,542,303
Chinook	244,419	4,054,996	193,981	2,456,014	27,427	1,015,538
Palliser	113,727	1,845,559	90,634	1,149,337	13,667	505,490
Headwaters	75,141	1,192,923	63,537	802,543	9,230	339,824
Calgary	1,323,369	21,966,378	1,075,225	13,570,692	125,189	4,508,188
Health Region 5	61,323	969,060	52,557	663,840	7,122	268,565
David Thompson	326,320	5,173,295	280,020	3,591,739	31,135	1,166,244
East Central	124,954	2,029,540	105,729	1,341,038	17,619	653,929
WestView	108,192	1,715,600	94,043	1,191,959	12,603	480,212
Crossroads	49,966	777,711	42,537	537,535	4,948	185,292
Capital	890,540	16,450,157	663,086	8,380,757	118,692	4,445,731
Aspen	63,126	1,064,757	52,391	663,321	10,189	386,448
Lakeland	103,870	1,804,867	83,050	1,049,741	19,480	719,314
Mistahia	70,962	1,254,293	56,509	713,583	13,301	505,842
Peace	11,489	214,918	8,881	114,634	2,601	99,484
Keeweetinok Lakes	11,030	183,553	9,305	117,517	1,717	65,655
Northern Lights	32,317	523,305	27,275	344,791	4,070	152,688
Northwestern	18,435	261,314	17,275	217,410	1,159	43,861
Unknown	11,071	232,308	436	5,502		

(1) The totals for payments may not add due to rounding.

Continued...

Table 3.7
Allied Health Services
Distribution of Services and Payments by Service Location Health Region[1]
For the Service Year April 1, 2002 - March 31, 2003

Service Location Health Region	Dental/Oral Surgeons		Podiatrists	
	Services	Payments	Services	Payments
Total	16,759	$2,394,458	286,872	$6,865,822
Chinook	254	30,095	22,757	553,349
Palliser	59	9,290	9,367	181,442
Headwaters	2	100	2,372	50,457
Calgary	9,099	1,142,184	113,856	2,745,315
Health Region 5	23	1,616	1,621	35,039
David Thompson	577	55,215	14,588	360,096
East Central	6	624	1,600	33,949
WestView	17	1,769	1,529	41,660
Crossroads			2,481	54,885
Capital	6,646	1,146,080	102,116	2,477,589
Aspen	26	1,965	520	13,024
Lakeland	34	3,945	1,306	31,867
Mistahia	4	352	1,148	34,516
Peace	7	801		
Keeweetinok Lakes	2	220	6	161
Northern Lights	3	203	969	25,623
Northwestern			1	43
Unknown			10,635	226,806

Section 4: Alberta Blue Cross Non-Group Coverage

Summary

Alberta Blue Cross Non-Group Coverage, available to all Albertans, comprises supplemental health insurance plans for pharmaceuticals and other selected health services. These supplemental plans are funded by Alberta Health and Wellness and administered by Alberta Blue Cross. Premium-free coverage is offered to seniors and their dependants, to recipients of the Alberta Widows' Pension and their dependants, and to people who have been diagnosed as palliative and receive their treatments at home. A universal plan is available to all Albertans under the age of 65 and their dependants, subject to a quarterly premium.

These categories are collectively referred to as "non-group" membership since they are not based on "group" or private employer-sponsored drug plans offered by Alberta Blue Cross. "Non-group" membership also excludes individual health plans offered by Alberta Blue Cross.

Non-group coverage includes prescription drugs, ambulance services, clinical psychological services, home nursing care, prosthetic and orthotic benefits, mastectomy prosthesis, and private or semi-private hospital accommodation. The Alberta Health and Wellness Drug Benefit List defines the prescription drugs that are covered by Alberta Blue Cross Non-Group Coverage.

This section provides data on Alberta Blue Cross Non-Group Coverage: the number of persons covered by level of premium payment by age and gender, and by type of services (ambulance, drugs, hospital, or other). Information is also provided on drug prescriptions: the number, types and costs of prescriptions, and the 10 leading prescription drugs.

Number of People Covered

In 2002/2003, 485,803 Albertans received coverage under Alberta Blue Cross Non-Group coverage.

The number of persons who paid regular premiums increased by 4.9 per cent in 2002/2003 to 92,027. Out of the total non-group membership, only 18.9 per cent paid full premiums. 36,948 people received coverage at reduced premium rates in 2002/2003, a 0.23 per cent decrease over the previous year. This represents 7.6 per cent of the total non-group membership. Premium-free coverage under the Seniors, Widows' Pension or Palliative Care categories totalled 356,828 people, 73.5 per cent of all people covered by non-group membership coverage.

Benefit Payments

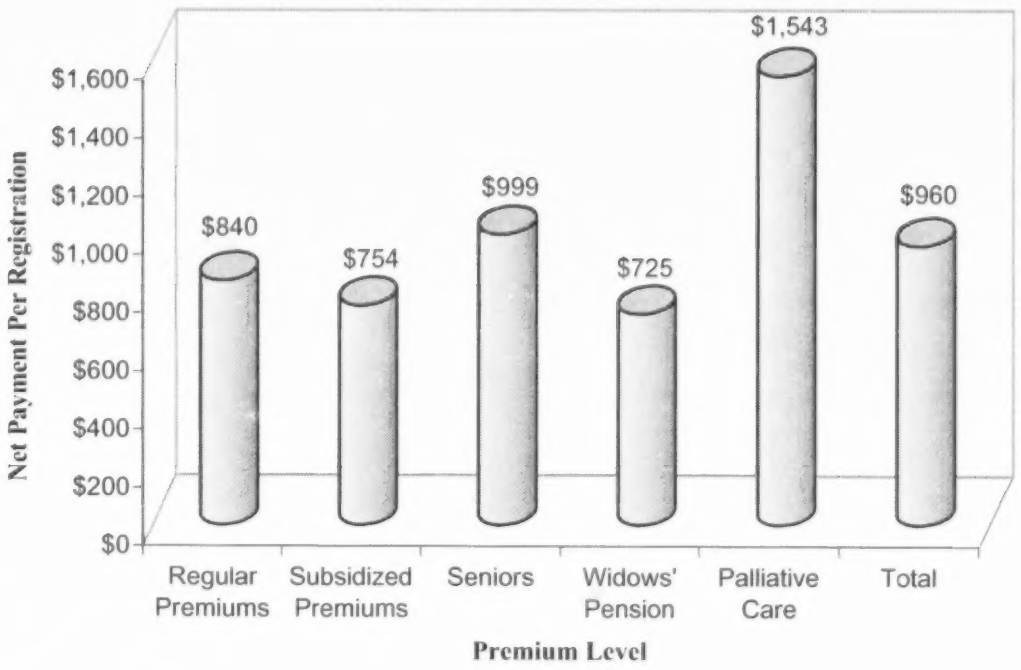
More than $415 million in benefits was paid by Alberta Blue Cross Non-Group Coverage in 2002/2003. Drugs accounted for $395,579,327 or 95.2 per cent of these expenditures. Ambulance services accounted for $14,961,579 or 3.6 per cent of the total. These two benefits accounted for 98.8 per cent of all Alberta Blue Cross Non-Group expenditures.

Out of the 10 leading prescription drugs, Losec 20mg, an ulcer treatment drug was prescribed most with a total of 177,972 prescriptions and a net payment of $23,822,007 in 2002/2003.

Drug Payments by Premium Level

Figure 8 provides a comparison of the Alberta Blue Cross Non-Group Membership net payment of drugs per registration for 2002/2003. A registration may be for a single person or can include a spouse and/or dependants.

Figure 8
Alberta Blue Cross Non-Group Membership Net Payment for Drugs Per Registration by Premium Level for the Service Year April 1, 2002 - March 31, 2003



Explanatory Notes

The new additional inventory allowance pricing component was implemented for all pharmacy claims paid by Alberta Blue Cross July 1, 2000. A portion of the dispensing fee is separated into another category of additional inventory allowance. The total cost of a prescription is based on three pricing components: drug material cost, dispensing fee and additional inventory allowance.

Source of Data

Data in this section are provided directly by Alberta Blue Cross except for Table 5.6, which is provided by the Alberta College of Pharmacists.

Table 4.1
Alberta Blue Cross Non-Group Membership
Number of Registrations and Persons Covered by Method of Premium Payments
As of March 31[1], 1999 to March 31, 2003

Registration Status	Number of Registrations and Persons Covered					Percentage Change			
	1999	2000	2001	2002	2003	2000/1999	2001/2000	2002/2001	2003/2002
Total Number of Registrations	280,654	285,646	291,870	299,965	306,745	1.78%	2.18%	2.77%	2.26%
Total Number of Persons Covered	450,571	455,754	462,919	474,675	485,803	1.15	1.57	2.54	2.34
Number of Registrations Paying Regular Premiums	37,714	37,754	38,391	41,347	43,507	0.11	1.69	7.70	5.22
Number of Persons Covered	84,280	82,843	82,760	87,756	92,027	(1.71)	(0.10)	6.04	4.87
Number of Registrations Paying Reduced Premiums	19,642	19,462	19,103	18,686	18,635	(0.92)	(1.84)	(2.18)	(0.27)
Number of Persons Covered	41,193	40,317	38,614	37,032	36,948	(2.13)	(4.22)	(4.10)	(0.23)
Number of Registrations, Paying No Premiums[2]	223,298	228,430	234,376	239,932	244,603	2.30	2.60	2.37	1.95
Number of Persons Covered	325,098	332,594	341,545	349,887	356,828	2.31	2.69	2.44	1.98

(1) The population figures are as of March 31, calculated in July.

(2) Persons covered under the Seniors or Widows' Pension, or Palliative Care categories are entitled to premium-free coverage.

Table 4.2
Alberta Blue Cross Non-Group Membership[1]
Number of Registrations and Persons Covered by Level of Premium Payment
As of March 31[2], 1999 to March 31, 2003

Registration Status		Total					Regular Premium				
		1998/1999	1999/2000	2000/2001	2001/2002	2002/2003	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003
Total	Registrations	280,654	285,646	291,870	299,965	306,745	37,714	37,754	38,391	41,347	43,507
	Persons	450,571	455,754	462,919	474,675	485,803	84,280	82,843	82,760	87,756	92,027
One Person	Registrations	148,611	151,835	155,344	159,763	162,975	13,772	14,052	14,622	16,091	17,114
	Persons	148,611	151,835	155,344	159,763	162,975	13,772	14,052	14,622	16,091	17,114
Two Persons	Registrations	113,039	115,442	118,685	122,109	125,150	13,061	13,198	13,469	14,514	15,208
	Persons	226,078	230,844	237,370	244,218	250,300	26,122	26,396	26,938	29,028	30,416
Three or More	Registrations	19,004	18,369	17,841	18,093	18,620	10,881	10,504	10,300	10,742	11,185
Persons	Persons	75,882	73,035	70,205	70,694	72,528	44,386	42,395	41,200	42,637	44,497

Registration Status		Subsidized Premium					Seniors[3]				
		1998/1999	1999/2000	2000/2001	2001/2002	2002/2003	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003
Total	Registrations	19,642	19,462	19,103	18,686	18,635	220,791	226,071	232,091	237,774	242,568
	Persons	41,193	40,317	38,614	37,032	36,948	322,384	330,051	339,065	347,497	354,589
One Person	Registrations	9,496	9,637	9,655	9,794	9,631	122,997	125,927	128,926	131,880	134,338
	Persons	9,496	9,637	9,655	9,794	9,631	122,997	125,927	128,926	131,880	134,338
Two Persons	Registrations	4,965	4,921	4,851	4,522	4,523	94,883	97,215	100,254	102,961	105,318
	Persons	9,930	9,842	9,702	9,044	9,046	189,766	194,430	200,508	205,922	210,636
Three or More	Registrations	5,181	4,904	4,597	4,370	4,481	2,911	2,929	2,911	2,933	2,912
Persons	Persons	21,767	20,838	19,257	18,194	18,271	9,621	9,694	9,631	9,695	9,615

Registration Status		Widows' Pension[3]				
		1998/1999	1999/2000	2000/2001	2001/2002	2002/2003
Total	Registrations	2,507	2,359	2,285	2,158	2,035
	Persons	2,714	2,543	2,480	2,390	2,239
One Person	Registrations	2,346	2,219	2,141	1,998	1,892
	Persons	2,346	2,219	2,141	1,998	1,892
Two Persons	Registrations	130	108	111	112	101
	Persons	260	216	222	224	202
Three or More	Registrations	31	32	33	48	42
Persons	Persons	108	108	117	168	145

(1) Persons eligible for Basic Health Services at reduced premium rates were also eligible for Alberta Blue Cross Non-group coverage at reduced premium rates.

(2) The population figures are as of March 31, calculated in July.

(3) Individuals covered under the Seniors and Widows' Pension, or Palliative Care categories receive premium-free coverage.

Table 4.3
Alberta Blue Cross Non-Group Membership
Persons Covered by Age and Gender
As of March 31[1], 1999 to March 31, 2003

	Total					Male					Female				
Age Group	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003
Total	450,571	455,754	462,919	474,675	485,803	192,200	194,262	197,411	202,698	207,670	258,371	261,492	265,508	271,977	278,133
By Age Group															
Under 1	915	860	794	786	806	453	418	406	372	399	462	442	388	414	407
1 - 4	4,337	3,900	3,658	3,617	3,782	2,233	2,023	1,873	1,811	1,867	2,104	1,877	1,785	1,806	1,915
5 - 14	17,889	16,789	15,690	15,591	15,895	9,235	8,664	8,053	8,064	8,284	8,654	8,125	7,637	7,527	7,611
15 - 24	21,536	21,330	20,729	21,428	22,109	10,511	10,354	10,166	10,434	10,655	11,025	10,976	10,563	10,994	11,454
25 - 44	27,675	26,080	25,187	25,556	26,076	12,242	11,441	10,968	11,128	11,276	15,433	14,639	14,219	14,428	14,800
45 - 64	90,299	91,621	93,181	96,157	98,669	31,108	31,543	32,045	33,195	34,482	59,191	60,078	61,136	62,962	64,187
65 - 74	163,944	166,658	170,005	172,707	174,327	76,511	80,132	81,940	83,363	83,839	85,433	86,526	88,065	89,344	90,488
75 and Older	123,976	128,516	133,675	138,833	144,139	47,907	49,687	51,960	54,331	56,868	76,069	78,829	81,715	84,502	87,271

	Percentage Change Total				Percentage Change Male				Percentage Change Female			
Age Group	2000/1999	2001/2000	2002/2001	2003/2002	2000/1999	2001/2000	2002/2001	2003/2002	2000/1999	2001/2000	2002/2001	2003/2002
Total	1.15%	1.57%	2.54%	2.34%	1.07%	1.62%	2.68%	2.45%	1.21%	1.54%	2.44%	2.26%
By Age Group												
Under 1	(6.01)	(7.67)	(1.01)	2.54	(7.73)	(2.87)	(8.37)	7.26	(4.33)	(12.22)	6.70	(1.69)
1 - 4	(10.08)	(6.21)	(1.12)	4.56	(9.40)	(7.41)	(3.31)	3.09	(10.79)	(4.90)	1.18	6.04
5 - 14	(6.15)	(6.55)	(0.63)	1.95	(6.18)	(7.05)	0.14	2.73	(6.11)	(6.01)	(1.44)	1.12
15 - 24	(0.96)	(2.82)	3.37	3.18	(1.49)	(1.82)	2.64	2.12	(0.44)	(3.76)	4.08	4.18
25 - 44	(5.76)	(3.42)	1.47	2.03	(6.54)	(4.13)	1.46	1.33	(5.14)	(2.87)	1.47	2.58
45 - 64	1.46	1.70	3.19	2.61	1.40	1.59	3.59	3.88	1.50	1.76	2.99	1.95
65 - 74	1.66	2.01	1.59	0.94	2.06	2.26	1.74	0.57	1.28	1.78	1.45	1.28
75 and Older	3.66	4.01	3.86	3.82	3.72	4.57	4.56	4.67	3.63	3.66	3.41	3.28

(1) "Persons Covered" includes all persons covered by Alberta Blue Cross as of March 31 each year
The population figures are as of March 31, calculated in July each year

Table 4.4
Alberta Blue Cross Non-Group Membership[1]
Persons Registered by Level of Premium Payment and Type of Service
For the Year Ending March 31, 2003

Subsidy Level and Type of Service	Discrete Registrants	Net Payment[1,2]	Net Payment Per Registrant
All Groups			
Ambulance	40,723	$14,961,579	$367.40
Drugs	412,064	395,579,327	959.99
Hospital	1,421	251,681	177.12
Other[3]	7,076	4,703,667	664.74
Total	461,284	415,496,254	900.74
Regular Premium			
Ambulance	1,942	460,356	237.05
Drugs	70,035	58,802,754	839.62
Hospital	972	166,770	171.57
Other	681	112,461	165.14
Subtotal	70,411	59,542,340	845.64
Subsidized Premium			
Ambulance	1,246	344,456	276.45
Drugs	34,861	26,276,287	753.74
Hospital	447	84,911	189.96
Other	229	38,460	167.95
Subtotal	35,034	26,744,114	763.38
Seniors[4][5]			
Ambulance	37,422	14,108,373	377.01
Drugs	308,360	308,025,079	998.91
Hospital	2	0	0.00
Other	6,142	4,536,654	738.63
Subtotal	312,123	326,670,106	1046.61
Widows' Pension[5]			
Ambulance	128	48,394	378.08
Drugs	2,152	1,560,295	725.04
Hospital			
Other	27	16,092	596.00
Subtotal	2,176	1,624,781	746.68
Palliative Care[5]			
Ambulance			
Drugs	593	914,912	1,542.85
Hospital			
Other			
Subtotal	593	914,912	1,542.85

(1) Persons eligible for Basic Health Services at reduced premium rates were also eligible for Alberta Blue Cross Non-group coverage at reduced premium rates.

(2) The totals for net payment may not add due to rounding.

(3) The type of "other" service includes clinical psychology, home nursing, prostheses and other orthotics and mastectomy prostheses.

(4) Seniors refers to the Alberta Blue Cross Membership category of "Registrant or Spouse Age 65 or Older and their dependants".

(5) Coverage for these groups is provided premium-free.

Table 4.5

Alberta Blue Cross Non-Group Membership[1]
Number of Drug Prescriptions and Cost of Benefits
For Over the Counter Products and Prescription Drugs
For the Year Ending March 31, 2003

Prescription Type and Membership Category	Number of Prescriptions	Net Payment[2]
Total	9,095,549	$395,579,327
All Prescriptions		
Regular Premium	1,035,622	58,802,754
Subsidized Premium	549,781	26,276,287
Seniors[3], [4]	7,453,133	308,025,079
Widows' Pension[4]	39,964	1,560,295
Palliative Care[4]	17,049	914,912
By Prescription Type		
Prescription Drugs[5]		
Regular Premium	994,117	57,652,785
Subsidized Premium	527,012	25,664,462
Seniors	7,140,982	302,635,242
Widows' Pension	38,533	1,530,438
Palliative Care	14,510	885,428
Subtotal	8,715,154	388,368,355
Over The Counter[6]		
Regular Premium	41,474	1,156,566
Subsidized Premium	22,759	610,263
Seniors	312,125	5,482,134
Widows' Pension	1,431	29,857
Palliative Care	2,534	29,802
Subtotal	380,323	7,308,622
Adjustments		
Regular Premium	31	(6,597)
Subsidized Premium	10	1,562
Seniors	26	(92,297)
Widows' Pension	0	0
Palliative Care	5	(319)
Subtotal	72	(97,650)

(1) Persons eligible for Basic Health Services at reduced premium rates were also eligible for Alberta Blue Cross Non-Group coverage at reduced premium rates.

(2) The totals for net payment may not add due to rounding.

(3) Seniors refers to the Alberta Blue Cross Membership category of "Registrant or Spouse Age 65 or Older and their dependants".

(4) Coverage for these groups is provided premium-free.

(5) Refers to a drug type not available without a prescription.

(6) Refers to an otherwise "over the counter" drug type which has been prescribed for these members.

Table 4.6
Number and Percentage Change of Licensed Community Pharmacies in Alberta For the Years Ending March 31, 1999 to March 31, 2003

Year	Number of Pharmacies	Percentage Change from the Prior Year
1998/1999	769	n.a.
1999/2000	780	1.43
2000/2001	791	1.41
2001/2002	801	1.26
2002/2003	832	3.87
Annual Average Percentage Change for Last 5 Years		1.99

Table 4.7
Alberta Blue Cross Non-Group Membership[1]
Ten Leading Prescription Drugs
By Cost of Benefits and Groups
For the Year Ending March 31, 2003

Group by Subsidy Level	Drug Name	Strength	Major Uses	Number of Prescriptions	Number of Registrants	Net Payment[3]
All Groups						
	Losec	20 mg	Ulcer Treatment	177,972	44,242	$23,822,007
	Lipitor	10 mg	Cholesterol Lowering Agent	108,618	30,105	12,388,314
	Celebrex	200 mg	Arthritis	104,794	35,421	9,804,510
	Lipitor	20 mg	Cholesterol Lowering Agent	58,331	16,457	8,391,595
	Norvasc	5 mg	High Blood Pressure/Angina	103,412	24,342	7,825,345
	Pantoloc	40mg	Ulcer Treatment	74,248	19,375	7,594,931
	Prevacid	30 mg	Ulcer Treatment	64,775	19,175	7,209,139
	Zocor	20 mg	Cholesterol Lowering Agent	42,664	11,903	6,344,091
	Norvasc	10 mg	High Blood Pressure/Angina	48,361	11,421	5,709,261
	Vioxx	25 mg	Arthritis	91,074	34,913	5,469,888
Regular and Subsidized Premium						
	Losec	20 mg	Ulcer Treatment	24,538	7,223	3,436,008
	Rebif	12 million IU/syringe	Multiple Sclerosis	2,230	211	3,086,900
	Copaxone	20 mg /vial	Multiple Sclerosis	2,707	456	2,588,044
	Lipitor	10 mg	Cholesterol Lowering Agent	18,714	5,576	2,083,639
	Copaxone	20 mg /syringe	Multiple Sclerosis	1,980	436	2,036,824
	Lipitor	20 mg	Cholesterol Lowering Agent	11,826	3,566	1,689,699
	Betaseron	9.6 million IU/vial	Multiple Sclerosis	1,160	124	1,485,884
	Paxil	20 mg	Antidepressant	15,771	3,909	1,412,065
	Celebrex	200 mg	Arthritis	14,721	5,513	1,392,171
	Prevacid	30 mg	Ulcer Treatment	12,054	3,859	1,357,976
Seniors[2]						
	Losec	20 mg	Ulcer Treatment	152,486	36,697	20,278,350
	Lipitor	10 mg	Cholesterol Lowering Agent	89,267	24,336	10,236,616
	Celebrex	200 mg	Arthritis	89,380	29,650	8,352,422
	Norvasc	5 mg	High Blood Pressure/Angina	94,690	21,852	7,095,319
	Lipitor	20 mg	Cholesterol Lowering Agent	46,255	12,799	6,667,338
	Pantoloc	40 mg	Ulcer Treatment	62,932	15,869	6,330,199
	Prevacid	30 mg	Ulcer Treatment	52,361	15,188	5,810,629
	Zocor	20 mg	Cholesterol Lowering Agent	36,384	9,910	5,401,662
	Norvasc	10 mg	High Blood Pressure/Angina	41,642	9,681	4,888,351
	Vioxx	25 mg	Arthritis	73,329	27,345	4,406,024
Widows' Pension						
	Losec	20 mg	Ulcer Treatment	589	198	82,827
	Lipitor	10 mg	Cholesterol Lowering Agent	623	189	67,165
	Celebrex	200 mg	Arthritis	588	235	54,859
	Prevacid	30 mg	Ulcer Treatment	315	114	37,150
	Lipitor	20 mg	Cholesterol Lowering Agent	250	92	34,558
	Pantoloc	40 mg	Ulcer Treatment	323	116	34,080
	Paxil	20 mg	Antidepressant	340	93	32,532
	Zocor	20 mg	Cholesterol Lowering Agent	190	67	31,164
	Vioxx	25 mg	Arthritis	502	211	27,311
	Norvasc	5 mg	High Blood Pressure/Angina	307	89	24,415
Palliative Care						
	Zofran	8 mg	Severe Nausea/Vomiting	330	109	73,103
	Eprex	20,000 u/ml syringe	Hematopoietic Agent	21	5	42,313
	Eprex	10,000 u/ml syringe	Hematopoietic Agent	39	8	40,780
	Duragesic	100 mcg/hr patch	Pain Management	103	29	40,442
	Sandostatin LAR	30 mg/vial	Rare Endocrine Tumor	15	4	28,211
	Bonefos	60 mg/ml inject'n	High Calcium Blood Level	128	24	27,205
	Losec	20 mg	Ulcer Treatment	359	124	24,823
	Sandostatin	200 mg/ml inject'n	Rare Endocrine Tumor	62	13	21,750
	Hydromorph Contin	50 mg/ml inject'n	Pain Management	87	19	21,707
	MS Contin	100 mg	Pain Management	87	27	19,572

(1) Persons eligible for Basic Health Services at reduced premium rates were also eligible for Alberta Blue Cross Non-Group coverage at reduced premium rates.
(2) Seniors refers to the Alberta Blue Cross Membership category of "Registrant or Spouse Age 65 or Older and their dependents".
(3) The totals for net payment may not add due to rounding.

Table 4.8
Alberta Blue Cross Non-Group Membership
Average Gross Cost Per Prescription by Broad Drug Category
(Direct Bill and Reimbursement Claims)
For Recipients In All Groups
For the Year Ending March 31, 2003

Broad Drug Category	Number of Prescriptions	Net Payment	Co-Insurance Amount	Coordination of Benefits	Average Gross Cost[1] Per Prescription
Total	9,095,549	395,579,327	97,040,970	5,399,485	54.75
By Drug Category					
Antihistamines	415	8,093	2,948	65	26.76
Antineoplastic Agents	17,696	645,536	200,423	21,521	49.02
Antitussives, Expectorants, Mucolytic	1,444	56,426	15,898	459	50.40
Anti-Infective Agents	483,486	12,334,266	4,250,563	193,876	34.70
Autonomic Drugs	373,821	19,411,802	4,392,855	150,033	64.08
Blood Formation and Coagulation	213,867	14,976,506	1,624,284	371,792	79.36
Cardiovascular Drugs	2,219,688	136,138,940	33,879,008	809,511	76.96
Central Nervous System Drugs	2,048,110	74,802,813	19,589,421	1,012,151	46.58
Compound Drugs	3,478	143,100	32,540	1,886	51.04
Devices	5,086	86,321	36,619	545	24.28
Diagnostic Agents	4	34	15	0	12.19
Electrolytic, Caloric, Water Balance	705,995	6,596,328	2,801,834	45,120	13.38
Enzymes[3]	429	1,172,959	13,353	25	2,765.35
Eye, Ear, Nose and Throat Preparations	305,232	6,158,993	2,422,863	37,113	28.24
Gastrointestinal Drugs	556,785	48,173,786	8,819,958	464,730	103.20
Gold Compounds	1,942	111,278	29,853	586	72.97
Heavy Metal Antagonists	821	117,494	16,333	17,334	184.12
Hormones and Synthetic Substitutes	1,254,162	30,498,679	9,942,948	306,297	32.49
Serums, Toxoids, and Vaccines	1,616	94,954	26,456	553	75.47
Skin and Mucous Membrane Preparations	264,035	4,379,663	1,745,554	47,808	23.38
Smooth Muscle Relaxants	65,845	1,982,013	637,378	13,489	39.99
Unclassified Therapeutic Agents	513,005	37,186,058	6,340,790	1,895,456	88.54
Undetermined	66	(99,646)	(205)	(420)	-1,519.26
Vitamins	58,521	602,932	219,282	9,554	14.21

(1) Gross Cost = Net Payment + Co-insurance Amount + Coordination of Benefits

(2) Totals may not add due to rounding

(3) Reflects a small number of prescriptions for imiglucerase, an expensive prescription drug used to treat a rare health condition.

Table 4.9
Alberta Blue Cross Non-Group Membership
Number of Prescriptions and Gross Payments
By Drug Cost Components - Direct Bill Claims Only
For the Year Ending March 31, 2003

Recipient Group	Number of Prescriptions	Drug Material Cost [A]	Dispensing Fee[1] [B]	Additional Inventory Allowance[3] [C]	Adjustment [D]	Gross Payment[5] [E]	Co-Payment [F]	Coordination of Benefit[4] [G]	Net Payment [H] = [E] - [F] - [G]
Total[2]	9,034,694	406,106,195	82,081,059	6,531,332	-101,178	494,617,408	96,343,952	4,854,984	393,418,471
Average Cost Per Prescription		44.95	0.20	0.72		54.75	10.66	0.01	43.55
By Groups									
Regular and Subsidized Premium	1,550,168	89,085,008	14,088,826	1,126,153	-11,766	104,288,221	16,996,509	3,504,448	83,787,264
Seniors	7,428,980	314,528,113	67,469,360	5,369,025	-89,457	387,277,040	78,821,396	1,256,585	307,199,059
Widows' Pension	39,579	1,598,405	342,872	27,705	15	1,968,996	407,405	11,812	1,549,779
Palliative Care	15,967	894,670	180,002	8,449	30	1,083,151	118,642	82,139	882,370

(1) Dispensing fee is based on all eligible drug claims including claims for oral contraceptives, insulin and injectables.
(2) The totals may not add due to rounding.
(3) Additional Inventory Allowance may include upcharge amounts for pharmacies in the Northwest Territories.
(4) Coordination of Benefits would apply in situations where a person can submit a claim to more than one supplementary health plan. Coordination of Benefits represents amounts paid by other payers.
(5) Gross Payment [E] = [A] + [B] + [C] + [D]

Section 5: Alternative Payment Plan (APP) and Alternative Funding Plan (AFP)

Alternative Payment Plans

Together, Alberta Health and Wellness (AHW) and the Alberta Medical Association (AMA) have developed a programmatic approach to compensation for physicians, including a number of APP models. AHW and the AMA believe that by providing physicians with options in how they are paid, a number of goals can be achieved that could not be otherwise. The goals of this program are essentially to:

- provide quality care, better outcomes and better care for patients;
- facilitate comprehensive primary care (including health promotion) and disease management approaches;
- provide flexibility for physicians; and
- reflect evidence and experience about which approaches work best to achieve better outcomes for patients and physicians.

The three main APP models are capitation, sessional, and contractual. APPs provide income stability and have an impact on the delivery of services by providing an alternative to fee-for-service. Physicians wanting to participate in any one of the models are required to submit a proposal jointly to AHW and the AMA in the form of the proposal template.

An APP is intended to provide an innovative funding mechanism for physicians, in the provision of medical services.

Alternative Funding Plans

An AFP provides a means of amalgamating and integrating the various sources of funding that are used to compensate physicians within an academic department for the variety of services that they provide. These services may include teaching, research, clinical services and administration. The physicians who participate in an AFP arrangement provide defined services (deliverables) in four major activity areas:

- Medical Education
- Research
- Clinical Service
- Administration

AFPs were developed in an effort by the Government of Alberta to find a more appropriate and equitable way of funding Academic Health Centres (AHCs) while addressing their educational, research and recruitment needs. Most AHCs receive funding from multiple sources, which include the following:

- clinical services funded via fee-for-service billing to the Alberta Health Care Insurance Plan,
- education funded through provincial grants to the university, and
- research funding through government grants, non-profit organizations or corporations.

It is important to note that an AFP is not the same as an APP. These payments are not included in data reported in the Statistical Supplement.

Table 5.1
Alternative Payment and Funding Plan (APP/AFP) Summary
For the Service Year April 1, 2002 to March 31, 2003

Model Type	Number	Region	GPs*	Specialists*	Physician Subtotal
AFPs	3	R3 and R6	--	226	226
Capitation - APP	3	R1 and R2 and R6	19	16	35
Contract - APP	2	R3 and R6	103	4	107
Sessional - APP	5	R3 and R6	18	--	18
Total Expenditures	**Model Total**	**Region Total**	**GP Subtotal**	**SP Subtotal**	**Physician Total†**
$27,500,000	**13**	**4**	**140**	**246**	**386**

Note: The data presented in this table can be variable and is only accurate for the end of the fiscal year 2002/2003.

*The general practitioner and specialist counts may include part-time physicians who may or may not bill FFS in addition to the APP/AFP program they are participating in.

†The physician total can fluctuate month-to-month and should be considered approximate.

Model Type Definitions:

AFP - Model which merges funding for medical education, clinical services, and research, into one main funding grant based on an agreement between the academic department of an Academic Health Centre, the Government, and any other major funder(s).

Capitation - This model is used for the provision of family medicine or primary health care with a predetermined annual amount for each of its patients within a defined population and basket of services.

Contract - Contractual funding is based on a pre-negotiated amount, for a pre-determined level of services, over a specified period of time (e.g. one year).

Sessional - Under this model the physician is paid an hourly rate for work during a set period of time for the provision of insured medical services within an organised program.

GLOSSARY/DEFINITIONS

Alberta Blue Cross Group Plan — Group coverage available through employers. Data on this coverage is not included in the *Statistical Supplement*.

Alberta Blue Cross Non-Group Plan — Provides supplemental health insurance coverage for pharmaceuticals and other selected health services. These supplemental plans are funded by Alberta Health and Wellness and administered by Alberta Blue Cross. Premium-free coverage is offered to seniors and their dependants, to recipients of the Alberta Widows' Pension and their dependants, and to people who have been diagnosed as being palliative and receive their treatments at home. A universal plan is available to all Albertans under the age of 65 and their dependants, subject to a quarterly premium.

Alberta Health Care Insurance Plan (AHCIP) — Non-profit plan administered and operated under the *Alberta Health Care Insurance Act* and regulations to pay for insured physician, dental/oral surgical and hospitalisation services, and allied health services to eligible residents of Alberta.

Alternative Payment Plan — a contractual payment method used to replace fee-for-service.

Basic Health Services — Services of physicians, osteopaths, dental/oral surgeons deemed medically required according to the *Canada Health Act*. Also includes some services provided by optometrists, chiropractors, and podiatrists.

Blank Cell — represents a zero value.

Discrete Patients — The actual number of people who receive an insured service; not the number of times a patient accesses health services.

Discrete Service Providers — The actual number of practitioners who provide a service payable under the AHCIP; not the number of services provided by practitioners.

Fee-for-Service — A dollar amount agreed upon for the provision of health services.

Fiscal Year — April 1 to March 31.

Health Regions — Geographic areas where health services are delivered. Data relate to the health region where the service was provided.

Medical Assessments — Primarily office visits and consultations.

Medical Services — Services provided by a physician.

N/A — Not available.

n.a. — Not applicable.

— — Non-zero value; actual value was too small to be shown.

Nil — No change.

Payments — Gross fee-for-service payments made by the AHCIP. Represents neither the total income nor the net income of a practitioner. Payment data is reported on a date-of-service basis and includes only fee-for-service payments to Alberta practitioners for services which were provided to Alberta residents, unless stated otherwise.

Practitioner — Licensed individual who is registered with the AHCIP and provides basic health services.

Registrations — The actual number of contracts with the AHCIP. A registration may include one person (as in single coverage) or two or more people (as in family coverage).

Registered/Insured Persons — The number of Alberta residents insured under a program and therefore entitled to receive services.

Schedule of Benefits — List of practitioner services and rates paid by the AHCIP. Includes the governing rules, procedure list, fee modifier definitions and price list. The Statistical Supplement includes data on five distinct benefit schedules (medical, oral maxillofacial dental surgery, chiropractic, optometry and podiatry).

Subscriber — An individual who has applied for coverage, been accepted for coverage, and in whose name the coverage has been granted.